THE MONTHLY

HOMŒOPATHIC REVIEW.

EDITED BY JOHN RYAN, M.D.

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THE NEW YEAR.

We gladly address our readers with gratulation that our *Review* has reached the first number of its seventh volume, with best wishes for their health and happiness, and with earnest hopes that our former contributors will still help us with their pens and their influence, and that new and fresh hands will likewise help us in that way.

We say nothing of the duty all homœopathists have undertaken for the support and the advancement of homœopathy; and we are not willing to press our claims on our colleagues, for indulgence and literary assistance. We want practical matter; reports of cases; monographs of diseases; hospital and dispensary reports; and "medical intelligence."

We do not wish to encourage controversy; it never does good. Our policy is to make our way quietly, patiently, courageously. The best way to convert people is to make cures.

We know, from our own experience as journalists, that there are men who are capable of forgiving their enemies, but who cannot forgive their critics. In the former case self-appreciation is exalted; in the latter case it is subjected. Every man has a right to his opinion, and the critic is bound to express his frankly.

Men of very large mind never care what is said of them,

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if they are supported by the full consciousness of the rectitude of their course; sensitive men, and the thin-skinned, are apt to take offence when none is meant. The function of the journalist as a critic must be abandoned, if he is not at liberty to express himself freely.

Some of our readers will understand this reference to some criticisms that have appeared in our columns. We bear malice to no man, whether antagonist or colleague; we calumniate no one.

The "wear and tear" of life is enough for us, without unnecessary quarrels.

We require organization—definite plans for the management and direction of our medical-reform movement.

The medical homœopathists of the three Metropolitan Cities, and those of the other cities and towns of the three kingdoms, should combine for this purpose.

Let any one who has the gift of organizing a course of action propound it.

It has been thought by some leading men of our body that the homœopathists should not attempt to have hospitals of their own, but should *canvass* for appointments, as medical officers, to the already existing allopathic institutions. *The steed starves while the grass grows.* The experiment has not answered.

Professor Henderson and Dr. Horner were fain to resign their infirmary appointments. The strongest swimmer could not stem the tumultuous and portentous tide of opposition in either of the cases referred to.

More recently, another of our colleagues tried to get appointed as physician to a provincial hospital. We think it would have been wise in him not to make the attempt; and that assuredly, having made it, he should have polled his supporters.

But one of our chief men, who formerly advocated this plan of waiting for *insinuation* into allopathic institutions,

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said, at a gathering of homœopathists some months ago, that he now advocated the support of a central hospital; and exhorted homœopathists to support the *London Homœopathic Hospital.* Other medical homœopathists, of more or less note, have come to the same conclusion. Let us, then, have an endowed London Hospital, with at least two hundred beds for in-patients. Edinburgh, Dublin, Manchester and Liverpool should then have their endowed hospitals.

Success for such a purpose requires combination. All minor differences should be sunk. All who honestly believe in homœopathy, whether they be medical or laical, should take a part in this combined movement. We entreat our colleagues to listen to our exhortation.

It is not the question of dose—of the difference between the realists, who give comparatively large doses, and of the transcendentalists, who delight in very high dilutions; but it is the question of the Hahnemannian law of medical treatment—of the compass Hahnemann invented, or rather discovered, for our guidance in the intricacies and difficulties of medical practice.

Time was when navigation could only be performed by skirting shores, and by watching the stars. The magnetic needle came into play. The compass is the navigator's guide; with that instrument, and others, he now goes fearlessly over the abyss of waters. The old serpent the Ocean has no coils for him; he knows where he is and whither he tends. He cannot escape hidden and unsuspected rocks, laid down in no charts; nor the fogs of Newfoundland; nor, it may be, collision with icebergs. But he has a law for his guidance over the trackless and dubious and still mysterious waste of waters.

We hold that the law of Hahnemann is the true compass for the medical practitioner. That law is always applicable in all curable cases: the dyscratic disorders are

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the hidden rocks, the fogs, the icebergs, in the path of the homœopathist.

What organization should there be for maintaining and advancing homœopathy? We shall be happy to receive any plan from any one; and if a master-mind in the way of that faculty of organizing will publish his proposition, we should be glad to be the channel for his communication.

Our plan is this—let a better be substituted—that there be unity of action among homœopathists, medical and laical; let each true adherent of homœopathy, medical or laical, give for ten years one tithe of his income. That would give a very large sum.

In every city, town, village, where homœopathy is recognised, let there be a committee to gather the "benevolence."

This is a very *catholic* view of the subject. It is the right one, in our judgment. Every true soldier is bound to stand by his colours; every true sailor is ready to nail his to the mast.

In the present state of things, *indifferentism* is an *impertinence.*

We want no skulkers, no recreants; we want true-hearted women to aid us, and honest men.

We do not want halterers—those that hover between two opinions, and are apt to fall between two stools.

We have spoken of the London Homœopathic Hospital as a central institution.

The British Homœopathic Society is also a central institution; and all duly-qualified medical homœopathists should belong to it. We claim liberty of doctrine and practice as *versus* the allopaths; and it savours of the *infiniment petit* to deny the same liberty to our colleagues, in matters unimportant, as compared with the maintenance of our law, and of the doctrine and practice founded on it. To keep aloof from the Society on personal grounds only,

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is very absurd: it is worse than a crime, according to the astute Talleyrand; it is a folly.

When we should be in close phalanx, shield to shield, the waverers and the hair-splitters embarrass us; they are neither with us nor against us.

We advocate adhesion to the British Homœopathic Society and to the London Homœopathic Hospital.

We should leave the dissidents to sulk and play their fantastic antics, with the utmost *unconcern*, excepting that we are *concerned* in behalf of unity and union.

This is no new thing; it occurs in the history of all reforms. Personal feelings and prejudices prevent united action. It should not be so. We trust our medical colleagues will take our advice, and be as one man in defence of our CAUSE. Let them rally round and be associated with the British Homœopathic Society and the London Homœopathic Hospital.

In this case *centralization* is good. When we are fully established, we can *decentralize*.

We want *organization* for our position, defensive or offensive, as the case may be. Cannot this *organization* be effected? We have made a proposition; we shall be very glad to receive any that is better.

Homœopathy has made far more progress in the States of America, in the same time, than in England. Their literature has been far better and more abundant. Their practitioners outnumber ours, as ten to one.

This should not be so.

We want enthusiasm: as men get old, this divine spark grows fainter and fainter. It is therefore we require the supply of younger and fresher spirits.

"*Dum loquimur, senescimus.*" We grow old while we speak. It is therefore necessary we should work while we have the to-day. The generation of men is as that of leaves, said Homer; as one drops, another succeeds. But

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any intrinsic truth remains, and is perdurable. It is for an intrinsic truth—for the very truth of drug-healing—that we contend.

There should be no listlessness, no folding of the arms, no turning for a little more sleep. The times and our Cause require energy and union.

If we avail ourselves well of our opportunities, and take "Time by the forelock," much may be done *now*. If we dawdle, and fritter away the passing time, and put off till to-morrow what should be done to-day, we lose our present opportunities. It is the duty of fathers to take thought of their children; it is our duty to take thought of our successors.

The homœopathic literature should be maintained and advanced by homœopathists. Those who are no longer young are not excusable for their contemptuous neglect of this field of usefulness and of duty.

It is by disseminating truth, of whatever kind, that the after-harvest is to be looked for. An idle indifferentism, or an arrogant self-sufficiency, which respond not to such an appeal as this, are out of date. Persons who exhibit either of those characteristics are mere mummies.

They have not even the virtue of the cases that hold the antique mummies of Egypt; for *they* sometimes contain pease, that, after their seclusion of several thousands of years, are capable of germinating, and do produce "after their kind."

Unproductive knowledge is worse than no knowledge. The owners of it have *buried* their *talent*. There is no life in it—no usufruct from it. They leave behind them no resurrection-germ of their knowledge or of their experience. They are buried, even *without pease in their coffins*.

Honour to Hahnemann, the Worker, the Sage, the Seer, the Philanthropist!

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Our liege friend JOHN PRICE, one of the best scholars and naturalists of to-day, wrote some elegant Latin verses to his memory. We give, from the *Penny Trumpet*, as the paper was nicknamed, or from the *Homœopathic Times*, as the worthy remember it, the Latin and the English versions.

"ELOGIUM HAHNEMANNI.

"[One of the most exact and elegant scholars in England has sent us the following noble hexameters, in the fine old Latin tongue, which we gladly insert as a gratifying proof that the Muses are on our side.]

"Ex quo desierant Coï præcepta Magistri,
Nil ortum simile in terris;—Ars alma medendi
Languebat dudùm, tristi sopita veterno:
Nec sopor illud erat; notum est cecinisse poetam,
'Strenua nos exercet inertia;' nec secus illis
'In pejus ruere ac retro sublapsa referri'
Omnia, necquidquam tentantibus omnia; donec
Exortus, qui cuncta novâ ratione modoque
Tractaret, lege inventâ, quâ quæque medela
Quam nôrat Medicina prior—quam nesciit—Herba,
Radixque et Colubrum virus, lapidumque venenum
Ferret opem, tribuente DEO, mortalibus ægris.
Temporibus priscis certè sublatus ad astra
Religióne foret pravâ, numerumque deorum
Auxisset, tanti factus qui muneris auctor,
Scilicet ut varii, cruciant qui corpora, morbi
Jam notâ sub lege omnes, jam limite certo
Curentur, dono Illius, qui cuncta gubernat.
Illi laus, Illi debetur gloria; nostrum est
Muneribusque uti, et grates persolvere dignas,
Et docti meminisse Senis, quo vindice factum est,
Ut simili similes abeant medicamine morbi.

"*Freely rendered into English.*

"Since the great Cöan gave his precepts sage,
Languished the healing Art through many an age;

FUCUS VESICULOSUS.

No progress showed, no true advances made,
By the long rust of ages overlaid.
Who wished to heal could no new light obtain;
They tried all things, and tried them all in vain,
All was uncertainty, confusion, doubt,—
Till Hahnemann's genius thro' the night streamed out.
What former Medicine knew, or knew not, he
Reduced to law, proportion, and degree.
Whatever healing virtue herb o' the field,
Or hidden root of mother Earth can yield;
Or poison drawn from deadly mineral veins,
Or what the noxious serpent-tribe contains;
Whate'er the Healer in His grace designed
To cure the maladies of fall'n mankind;—
Whate'er the Future may from Nature draw,—
All be concluded in a simple law;
Let *like cure like.* Cast in heroic mould
Had he but lived in the dark ages old,
He had been of the Stars, or side by side
With Esculapius, been deified.
Be His the praise, be all the glory His,
Who in all foregone ages as in this,
And those to come, the Only Healer is!
Our part is to be thankful, and to bless,
With humble hearts, the Good All-mightiness;
Nor e'er forget the lawgiver He sent,
Whose "*like cures like*" is his best monument."

FUCUS VESICULOSUS.

A GOOD deal has been said recently in favour of *fucus vesiculosus*, as a remedy for obesity; and hitherto, every experimenter seems to have pronounced it to be a perfectly harmless substance.

Two instances have, however, come under the notice of the writer, in which the general health was undoubtedly injured, for a time, by the action of the drug. In both

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cases, after the exhibition of the *fucus*, during a period of four weeks, the weight of the body began sensibly to decrease; but, in each case, symptoms to which the patients had not been accustomed, and which they traced to the medicine alone, began to appear. Among these symptoms were headache, nausea, loss of appetite, an inflamed condition of the mucous membrane of the mouth, throat, and nose; in one case, coryza lasted more than a fortnight.

It is evident, therefore, that this substance is not perfectly harmless; and we warn those who seek to return to the sylph-like grace of former days, to use as much care as if they were about to take, for a lengthened period, courses of *iodine*, *bromine*, or the salts of these elements.

We speak advisedly, because the symptoms set up in the persons to whom we have referred, are among the pathogenetic results of *iodine* and *bromine;* and because we believe that the antiliparotic powers of *fucus vesiculosus* are due, almost solely, to the presence of the iodides and bromides found among the constituents of that plant.

At the last meeting of the British Association, at Cambridge, Dr. Gibb read a paper on the Physiological Effects of the Bromide of Ammonium. "His experiments," he stated, "although not complete, were sufficiently positive in their results, to justify him in bringing the subject before the Association. The salt was prepared, in a pure form, by Messrs. Fincham, of Baker-street, London; and according to the quantity given, and the manner of its administration, so did it act as a tonic, sedative, or antispasmodic. The structures chiefly affected by it were the skin and mucous membrane, and fatty compounds. Anæsthesia of the fauces was produced by it, in a more positive manner than by its sister salt, the bromide of potassium; and not the least important of its properties

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was its power of diminishing fat in the economy, and its influence upon the arrest of atheromatous changes. The author believed that, with regard to its action in the diminution of moderate corpulence, and allied states, it would be found, ultimately, of more value than the fucus vesiculosus, or any other substance at present known." Mr. Garner, on the same occasion, stated that he had "seen an instance wherein iodide of potassium had removed the stoutness and fat, and the person became emaciated and thin." (*Lancet*, Oct. 11.)

No one will dispute the probability of injurious effects resulting from the continued use, even of small doses of the iodides and bromides. Coindet, Gardner, Zink, Lugol, Jahn, Cogswell, and others, give us their experience of the physiological and poisonous effects of these bodies; and although the *fucus vesiculosus* only contains very minute quantities of the iodides and bromides,* yet, prepared as it is in Nature's laboratory, it is, like the contents of mineral waters, more active than the crude salt. Dr. Pereira, speaking of the discrepancies which appear in the history of the effects of its twin haloid, iodide of potassium—in some cases its administration in wonderfully large doses having been followed by no injurious effects, while in others small doses resulted even in death itself—makes the following remark, worth an ingot to the homœopathist:—"May not, in some cases, the different effects have depended on the degree of concentration and solution of the salt? *Weak solutions would probably have become absorbed; stronger ones fail to do so.*" (*Mat. Med.*, vol. i. p. 500.)

A wholesale druggist informed a scientific friend of the writer, the other day, that, from the quantity of *fucus* now being sold, thousands must be testing its antiliparotic

* The quantity of iodide of sodium in the *fucus vesiculosus*, according to locality, varies from 0.25 to 0.37 per cent.

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power. It will be well if iodism and its emaciation and permanent injury to health do not follow. The discrepancies which struck Dr. Pereira may save some, but may seriously damage others among the experimenters. We believe that, carefully and systematically administered, in small doses, under skilful observance, it may prove a valuable friend to the sufferer from obesity; but care must be used. How many cases of consumption might be traced to attempts to cure bronchocele by *iodine!* The writer has seen more than one instance.

M. Duchesne Duparc was the first to extol the *fucus* as a means of counteracting obesity. The following is the mode in which he administers it. He says:*—"A decoction of the *fucus vesiculosus* has a pungent and marshy taste. This is taken by some persons without reluctance, but more generally the reverse is the case. It may be taken between or during meals.

"I prescribe," he continues, "the *fucus* generally in the form of pills. My first experiments were made with the powder; but for more than a year I have thought it better to substitute the hydro-alcoholic extract, from which I obtain more rapid and regular results. Each pill hitherto employed by me has contained 0.05 of the extract; but the quantity may, without inconvenience, be tripled, or even raised still further.

"This remedy is best taken in the morning, fasting. I have repeatedly proved that those persons who use at the same time the decoction and the pills obtain a favourable result.

"Its use requires no change in the ordinary diet. I have always allowed persons to eat according to their desire; and, apart from too much farinaceous food, beer, prolonged baths, and a too sedentary life, which it is

* *Revue de Thérapeutique Médico-Chirurgicale, et Journal de Pharmacie et de Chimie.*

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always necessary to avoid, I never impose serious privations.

"The action of the *fucus* on the system is very easily proved. After using it some time, the patient feels lighter, more active; the stomach acts with more rapidity, and the hour of repast is more impatiently looked for. Flatulency diminishes, and then disappears, with those who have habitually been accustomed to it. The act of digestion is no longer accompanied by flushings of the face, by fulness, weight in the epigastric region, and fits of heat towards the head.

"It is not until after two or three septenaries that we begin to observe special and characteristic phenomena; then the urine of those under its influence becomes generally more abundant, and begins to present on its surface a coating or black film. It is from this period that the resolvent properties are manifested, and the first intimations of becoming thinner are displayed. This result, which some look forward to with much impatience, is every day more decided, and, although variable in degree, has never yet failed.

"These different phenomena show us, then, in the *fucus vesiculosus*, a real stimulant of the absorbent system, concentrating principally its action on the fatty globules. The thinness which it determines is not always produced in a uniform manner; I have seen it limited to isolated parts, which are then almost always those where the fatty tissue accumulates in the greatest abundance. Thus, with one it is the chest, with another the abdomen, and with a third the nape of the neck and the upper part of the shoulders.

"But the destruction of fatty matters is not all that the resolving properties of the *fucus* is capable of accomplishing; for many observations seem to prove that the same properties may become useful in certain diseases,

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as cutaneous infiltration, passive dropsy, atonic gout, &c., &c.

"We should always be careful in anticipating those therapeutic results which are still undetermined, and which repeated experiments, carried on with the most scrupulous care, can alone demonstrate and substantiate. It will suffice at present to recognise in the *fucus* a resolvent property of incontestable energy,—one which has hitherto escaped the notice of observers, and the application of which is the more valuable and easy from the fact of its existing in a well-known and common plant, of but little cost, and which requires no modification when it is employed, either in the diet or general habits of the patients.

"There is another point to be mentioned, which relates to the choice of the *fucus*, and which is here of great importance. We know that the *fucus vesiculosus* belongs to a family which contains hundreds of species; that many of these are almost inactive, and the greater number of the others perfectly useless as remedial agents; hence it is absolutely necessary not to lose sight of the botanical characters of the true *fucus vesiculosus*.

"The neglect of this has given rise to daily deceptions; and I have seen many persons from the same cause lose their time in lengthened and useless experiments.

"It was thus also with a patient who complained of having taken for three months, without any result, large quantities of the *fucus*, which I had prescribed for him, and which, upon being brought to me, I found to be the common grass or sea-wrack* (*zostera marina*) which is used by upholsterers to stuff mattrasses with. I am not ignorant of the difficulty which is experienced, even in Paris, in procuring the true *fucus vesiculosus*, because I

* Periera, however, calls the *fucus vesiculosus* "*common sea-wrack.*" —Ed. *M. H. R.*

FUCUS VESICULOSUS.

have had repeatedly offered to me, under that name, by justly celebrated houses, the *fucus nodosus*, which is far from possessing the same activity, and, when analysed, furnishes scarcely the twentieth part of the products obtained from a like proportion of the *fucus vesiculosus*."

On the same subject, Dr. Godefroy makes the following communication:—He experimented with this substance upon himself. He gathered the *fucus* at St. Malo, where it is very abundant, and had made of it an hydro-alcoholic extract. This extract, he says, is hygrometric; and thus, if it be desirable to administer it in the form of pills, it is expedient to prepare a small number only at a time, to silver them, and to preserve them in a large quantity of some absorbent powder.

"I am," says M. Godefroy, "fifty-seven years old; I am 1 m. 74 in height (about 5 ft. 6 in.); my bones are small; my obesity principally seated about the belly. On the 6th of March, previous to any treatment, I weighed 76 kilo. 500 (about 11 stones 10 pounds). From the 6th of March, I took, as uniformly as possible, every day, three pills, each of which contained 30 centigrammes (about 4½ grains) of the hydro-alcoholic extract of the *fucus vesiculosus*, the first at six o'clock in the morning, the second at ten o'clock in the morning, and the third at five o'clock in the evening, at the commencement of each of my meals, and without making any change in my ordinary mode of living.

"Under the influence of this remedy, my urine became more abundant, more coloured, and more odorous than usual. This was the only phenomenon which I noticed during its use.

"On the 10th of April, after having taken ninety pills, I was weighed; I had then lost 1 kilo. 500 (nearly 3¼ lbs.).

"From the 10th to the 20th of April, I took about two

pills daily; one at six o'clock in the morning, and the other at five o'clock in the evening. At this period I resumed taking three pills a-day, until the 18th of May, at which time, having taken a further number of ninety pills, I was again weighed,—taking care to do so at the same hour of the day, and in the same clothing as before. I had then lost 1 kilogramme more; thus weighing at that period not more than 74 kilogrammes. I had thus lost, from the 6th of March to the 18th of May, 2 kilo. 500 (about 5¼ lbs.), without any change in my diet or general habits, and without having experienced any inconvenience from the use of this remedy."

A FEW CASES.

By Dr. Chapman.

Chloroform.

Professor Simpson, the very eminent obstetric physician of Edinburgh, has the credit of having discovered this *anæsthetic.*

The discovery was made by the foreman of the Liverpool Apothecaries' Hall, while I was yet practising in Liverpool. I think his name was Waugh. He communicated his discovery to Dr. Simpson, and I am not aware that the Professor has claimed the discovery as his own.

The proofs can yet be obtained, if the discovery of this anæsthetic is claimed for Dr. Simpson.

Chloroform should not be used, excepting for very severe operations.

I hold it to be an *iniquity* to use it to relieve parturition-pains in women. There should be pain at that time.

I believe that chloroform hinders and delays the proper contraction of the womb.

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I will just give a few cases of its disadvantages and dangers. I say nothing of the numerous deaths that have occurred from its use or abuse.

Some years ago a clergyman consulted me, who, some two years before, had chloroform administered to him, to save the pain of tooth-drawing. From that time his nervous system was upset. He had buzzing in his ears; he lost his sleep. He had headaches over the forehead and the crown of his head. From having been a fearless man he had become a coward, morally and physically. He had been unfitted for his clerical duties.

I advised him to take stimulants in moderation, and to be much in the air. He gradually recovered, and was able to resume his work.

In the year 1848 I was sent for to see a young lady, who was attended by a practitioner in the neighbourhood, and by Sir James Clark, the Queen's physician. She had only a few minutes' sleep at a time, from violent facial neuralgia. I found she had a *numbing* pain at the symphysis of either jaw. She was lock-jawed. So she suffered at once from want of food, and sleeplessness, and wearying pain.

I gave her *platina*, in the 3rd trituration. In a few days her distress was relieved. She was suffering from carious teeth. I told her mother they should be removed.

The young lady being very hysterical, and anything but a strong-minded woman, demanded chloroform.

I opposed it; but her perverse will prevailed. She had chloroform. Her peccant teeth were drawn. She was made incapable of resistance, but her full consciousness of pain remained. She suffered, in fact, more than she would have done if she had not been chloroformed. She was violently hysterical; and to *this day* she has not recovered the effects of that dose of chloroform.

In the following year, 1849, I was asked to go to

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Tunbridge Wells, to see a young lady who was said by such surgeons as BRODIE, ASTON KEY, and BRANSBY COOPER, to be suffering from knee-joint disease—disorganisation. The affected limb below the knee was icy cold, and spots of gangrene were discernible down the leg.

I advised immediate amputation. It was done under the influence of chloroform. It was found that there was no disease of the joint—of bone, ligament, or cartilage. The popliteal artery was quite atrophied, and the nerve was degenerated. The point, however, is, that though she was made incapable of resistance by the chloroform, her consciousness of and sensitiveness to pain were *intensified.* She suffered far more from the chloroform poison, than she would have done from the severe operation of amputation, *unaided* by the anæsthetic.

A year or two after, an ophthalmic surgeon, who thinks himself the cock-salmon of that walk, operated on a young girl for strabismus. I was present. The girl had abundant nerve; but the surgeon said he never operated without chloroform.

He did the very simple operation dexterously enough; but the girl was in suspense between life and death for more than an hour. The cock-salmon was frightened enough; but I suppose he goes on chloroforming.

I could mention many other instances of misadventure from chloroform; but I will confine myself to two other cases.

A lady, at the *critical period,* went to Malvern. She suffered greatly from the nondescript and Protean forms of hysteria. She was advised by a professed homœopathist to take chloroform, by inhalation and imbibition. She turned the use into abuse. She became insane, and was secluded for a time. Her imagination became quite disordered, and she fell into a state of monomaniacal

A FEW CASES.

misery, which could be understood by anyone who has read the thrilling tale—*Miserrimus.*

She believed that she had personal interviews with SATAN. He first appeared to her as an angel of light. I will not dwell on the miserable detail. The conclusion was that she conceived herself to be bound to marriage with the Archfiend.

This occurred some eight or ten years ago. She has not yet recovered from the monomaniacal impression.

Is this chloroform a thing to be trifled with? to be employed excepting in great emergencies? Should it be used for the drawing of a tooth, for the cutting of a corn, or on the occasion of the privilege of bringing a child into the world?

Let our readers remember or know, that chloroform produces unconsciousness and insensibility to pain because it is a *poison,* acting in a deadly way on the nervous system.

Whatever be my authority, great or little, I protest entirely against the misuse and abuse of chloroform.

On Thursday, the 13th of November, I was sent for to see a young married lady at a dentist's. This was at 6.30 P.M.; at 3.30 P.M. chloroform had been administered to her. The allopath who had done this deed was in a fix. The lady was like a corpse. Her pulse could hardly be felt; the action of the heart was thread-like, scarcely discernible. The pupils of her eyes were dilated to their fullest margin, and quite insensible to light. She breathed, and that was all.

As she could not swallow liquids, I gave her diffusible stimulants on powdered sugar; ammonia, camphor, brandy.

At 4 A.M. of the 14th she rallied, and recognised me. "Doctor," said she, "give me a heart; mine is stopt. I have no heart."

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For twelve hours this young creature was in suspense between death and life. She is now convalescent.

I dare say I have told my few cases ill; but they are of sufficient weight to cause medical men to be cautious as to the administration of CHLOROFORM.

Cancerous Degeneration.

Miss ——, æt. 51, had been in a cachectic state for some time; but she was one of those who never confess themselves to be ill. She went to France in the summer, and was an inmate of the house of the chief physician of a very large hospital. She had some cough when she went to France. This ceased, but she had violent spinal neuralgia, which she referred to her having taken cold. This pain was excessive.

She returned to England, heroically as to her great suffering, at the end of September last or the beginning of October.

I saw her, and was satisfied that she was death-stricken.

She had suffered in France from obstinate obstruction of the bowels.

She was much *meteorised* when I saw her. There was much tympanitic distension.

Her chief suffering was from her backache. She lay quite flat. She had no cough; no expectoration; no vomiting.

Some weeks before she left France, an angry patch had appeared on her nose. It was cancerous in its character, and I therefore, rather from any more precise diagnostic characteristics, judged that she had malignant disease of the viscera. I called it, to her family, a case of blood-poisoning.

The tympanitic distension was such, that no exact examination of the abdomen could be made.

A great friend of the family, four or five days before

her death, introduced an allopathic physician. His conduct was ungentlemanly and unprofessional.

After spending a long time with the poor patient, his *dictum* was that the case was not hopeless, and that life would have been saved, had not so much time been lost. I was told that he prescribed mercurial pills, and Castile soap for external application. The family did not adopt his prescription, but abided by my advice. He saw, prescribed, and tried to get the treatment of my patient, without my knowledge and sanction.

This was beyond doubt a sad breach of professional honour and decorum.

I would have met him in consultation.

On the 3rd of November the lady died, and on the following day a post-mortem examination was made, at my request, by Professor Georgii, formerly Professor of Anatomy at Stockholm, one of the worthiest men I know, and one of the best anatomists, physiologists and pathologists I am acquainted with. His notes are subjoined.

POST-MORTEM EXAMINATION, November 4th, 1862.

A. *Abdominal cavity.*

On opening the abdomen, it was found that the stomach is occupying a very considerable space, being fully three times larger than its normal size. It is filled with gases and a dark grumous fluid. The mucous membrane easily detached, and covered towards the pyloric part with a thick layer of greyish mucus. The duodenum, externally apparently in a state of congestion, shews on the inner surface one or two carcinomatous patches, of the size of a pea, and is filled with the same kind of fluid as the stomach. The colon shews externally, in its transversal part, signs of peritoneal congestion, as well as in the omentum majus, which is contracted. On the mucous membrane, especially in the ascending and transverse portions of that bowel, there are large patches of vivid colour, showing a recent inflammatory state; it is, with the exception of the ascendant

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part, in a state of semi-contraction. The general aspect of the mucous membrane, throughout the intestinal tract, is of a peculiar ash-grey colour. The liver, enlarged, shews on its upper surface several hard, elastic, yellowish patches, in the form of small tumours, of evident carcinomatous character. In the left lobe there is a deposit of the same substance, of the size of a large pigeon egg; and in the right lobe there are three or four smaller deposits, of the size of small walnuts. Gall-bladder filled. Icteric discoloration of the neighbouring parts of duodenum and colon. The right kidney is studded with the same kind of deposits, on the surface of the cortical substance, directly under the tunica propria, which is easily detached. The left kidney is similarly covered with carcinomatous deposits of various sizes, from that of a small pea to the size of a French bean. The cortical substance, which is not so easily detached from the renal capsule, is rather granular.

B. *Thoracic cavity.*

The right lung healthy; congested at its base. The left lung, on the contrary, is contracted, and generally adherent. It is covered, on its whole surface, with smaller or larger patches of the same character as in the liver and kidneys. The lower lobe is filled with these deposits, and with dark blood, indicating intense congestion.

On the external surface of the pericardium there are three or four small tumours,—hard, yellowish, and elastic.

The pericardium adherent to the heart on its whole surface. The heart atrophied, and filled with clots of dark blood.

The brain and spine not examined.

AUG. GEORGII.

The examination of the spine would have probably revealed disease. This case is recorded to shew how completely a blood-disease, even of the worst carcinomatous character, may exist, without giving sufficient signs of its presence. The pathognomy of cancer, as shewn by the hue of the skin and the expression of the face, was here wanting.

For some thirty-six or forty hours before death, this interesting lady and patient was in a painless sleep. Falstaff, according to Shakspere, *babbled of green fields.* While she was yet conscious, my patient thought only of the happy Paradise which her enfranchised spirit reached, after such bodily sufferings as she must have endured,—though she said so little of, and bore so admirably, those sufferings.

CASES FROM DISPENSARY AND PRIVATE PRACTICE.

By Dr. Hale.

The following cases are not contributed as laying claim to any originality, nor indeed to anything more than an endeavour so show how disease may be treated successfully, by a few medicines chosen with an average amount of care, and with an endeavour to keep as closely as possible to the rules laid down by Hahnemann, for arriving at a true picture of the disease to be treated, and its homœopathic reflection in some drug. To my mind, every day's experience tends more and more to show the unsatisfactoriness of a complex medication, which, indeed, only differs from the polypharmacy of the old school, in that it appears to obey some rational law. Those who are wishing for a more exact and philosophical application of our law must, I think, be often dissatisfied with their own practice as well as that of others, when they feel themselves obliged to prescribe one medicine to follow another in a few hours, or to alternate medicines within short intervals of time. I am fully aware that in many cases there may be an imperative necessity for this practice; in acute cases, for instance, where the patient lives at a distance, and the physician cannot watch the changes the symptoms may undergo in a few hours. He

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is obliged, as it were, to provide for contingencies or to anticipate certain changes of symptoms; for example: *bryonia* or some other drug may be the medicine which appears most homœopathic to the condition of the patient, but in a few hours symptoms which clearly call for *aconite* show themselves. The experienced practitioner can often foresee these symptoms; he is bound, therefore, to provide against their occurrence, and he is often obliged to advise *aconite* or some other medicine to be substituted for the remedy he first prescribed; or he may be induced to advise that certain medicines be given in alternation. I believe most practitioners will be forced to confess that they have often prescribed in this way; but I ask them have they not over and over again felt misgivings as to the imperfection, not to say the want of scientific accuracy of this plan? But what shall we say to a plan which one sees sometimes practised now-a-days? That, for instance, of giving one medicine at bed-time, another in the morning, and probably a third in the course of the day. How can we possibly be obeying the consistent and rational Hahnemannic direction of only giving one medicine at a time if we prescribe in this way? Now I do not wish to give expression to an intolerant denunciation of those who thus prescribe; neither do I wish dogmatically to affirm that such a course ought never to be followed, but simply to put the question to my brother practitioners soberly, and I trust in a becoming spirit, whether this kind of homœopathy satisfies them, and whether it ought to satisfy them? I cannot think the answer will be in the affirmative, if not, should we not then strive after a more exact practice, a more rational application of our golden law of *similars*.

The last of the following cases, as it will be seen, ended fatally, and is introduced solely on account of the pathological interest which attaches to it.

CASES FROM DISPENSARY AND PRIVATE PRACTICE.

Case I.—*Mesenteric Disease.*

F. B., a pale emaciated boy, æt. 13, has been ill and under allopathic treatment for twelve months: advice was sought for him at the Hastings Homœopathic Dispensary, May 6th, 1862.

The abdomen is greatly enlarged, hard, tender, and on deep pressure the mesenteric glands can be felt enlarged. There is ulceration of the conjunctivæ, and eruptions about the mouth. The bowels are much relaxed, and the fæces are clay-coloured; there is great debility. *Calc. carb.* trit. 3, gr. xvj. in twenty doses; a dose three times a day.

May 13th. Abdomen still very tender, bowels still relaxed; fæces unchanged.

20th. Rather better; diarrhœa diminishing; fæces unchanged.

27th. Improving.

June. More improvement; but the boy is still weak and suffering pain. *Ars. alb.* 6, one globule twice a day.

17th. Better; great flatulency; but the fæces are still very light in colour. *Calc. carb.* 3rd trit., twice a day.

July 11th. Greatly improved; he is gaining flesh; the abdomen is not now tender, and there is no pain; the appetite good. Fæces dark-coloured. Continue.

17th. Still more improved in every way. *Calc. carb.* 5, twice a day.

Aug. 1st. Continues to improve; he is gaining flesh and strength; the secretions from the bowels are more natural and darker in colour. *Calc. c.* 30, every night.

In about three weeks from the last date this boy was seen at home looking quite well, and expressing himself as feeling quite well.

Discharged as cured.

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Remarks.—I am aware that in the above case, which was transcribed from rough dispensary notes, there is a want of minuteness in the detail of symptoms, and this is a drawback in dispensary practice, in which it is almost impossible to give the necessary time to the complete symptomatology of each case. But judging from the most salient symptoms of the boy F. B., it will be seen that *calcarea carbonica* formed the basis of the treatment; only one other medicine, *arsenicum*, was intercurrently prescribed; and that *calcarea carbonica* given in varying potencies was sufficient to restore the patient to health in less than four months.

Case II.—*Strumous Ophthalmia.*

June 17th, 1862. J. G., æt. 3 years, a highly strumous child. The eyes have been affected for two years, during that time she has been constantly under allopathic treatment; various local applications have been applied as well as the internal administration of drugs without any benefit.

The intolerance of light is so great that it is quite impossible ts examine the condition of the conjunctivæ, the tarsi being constantly in a state of rigid spasm.

The child had measles in March, since which time the eyes have been worse.

There is much mucous discharge from the nose and lachrymation, with excoriation of the upper lip, and an eruption on the cheek. *Sulphur* 5, three times a day.

July 4th. There is considerable redness around the eyes, and the intolerance of light is still very great. Eruption on the face very bad. The discharge from the eyes excoriates. *Bellad.* 3 x. every four hours.

11th. Eyes worse, increased photophobia; eruption much the same. *Sulphur* 30, three times a day.

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18th. Photophobia worse; eruption on face drier. Lachrymation diminishing. Tr. *Euphrasia* 3 x. three times a day.

25th. Much better. Can open her eyes; the conjunctivæ can now be seen to be very vascular, and there are several opacities on the cornea; the eruption on the face is fading. Continue.

Aug. 8th. Improving. Continue.

Sept. 2nd. Conjunctivæl inflammation has disappeared. *Sulphur* 30, every night.

16th. Improvement goes on. No intolerance of light; the opacities can be more fully examined, and are found to be pretty dense. *Hep. sulph.* 5 x. twice a day.

24th. Vascularity of conjunctivæ quite gone; no intolerance of light; the eyes can be opened wide without exciting spasm, and there now only remains the corneal opacities, for which a course of medicine, consisting of *hepar 3, calc. carbon,* &c., were prescribed.

In the foregoing case the immediate good effect of *euphrasia* is very manifest, and it may be asked why was it not given sooner? I can only say that in other like cases the *euphrasia,* when given early, has frequently disappointed me, but that when preceded by *belladonna* and *sulphur,* or by *sulphur* alone, it has subsequently acted with marked effect. We cannot of course tell whether, had it been prescribed at first in this case, it might not have subdued the marked processes as quickly and effectually without being preceded by *sulphur* or *belladonna.* Without claiming for the psoric theory more than it is worth, I may be allowed to say that I have over and over again, in treating acute disease, been enabled to give, as it were, an *impetus* towards recovery, by giving occasionally an intercurrent dose or two of an antipsoric medicine in a high dilution.

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CASE III.—*Jaundice following Scarlatina.*

Admitted July 11th, 1862. S. H., a little girl, æt. 6 years, had scarlatina four months ago, since which time she has not been well. The skin is jaundiced; the tongue foul, with yellow coating; perspires in bed; fæces are pale, and ascarides are occasionally seen. Tr. *merc. viv.* 5, x. three times a-day.

18th. Much better. Skin much less yellow; fæces more tinged with bile; perspirations continue. *Merc. viv.* 5, three times a-day.

25th. Improving. There is still some jaundice; fæces more healthy in character; perspires less. Continue.

From last date to August 15th, she continued to improve; on

Sept. 9th, she passed a considerable quantity of ascarides. Tr. *Cina* 3, x. twice a-day.

Oct. 21. Returned, complaining of diarrhœa, especially after taking food. Fæces are dark in colour, and ascarides continue to be passed. *Merc. sol.* 5, x. three times a-day.

28th. Bowels less relaxed, and secretions more healthy in colour. Continue.

Nov. 4th. Has a tight irritating cough, which continues even during sleep. *Chamomilla* 3, every four hours.

11. Quite well. She says the first dose of the medicine stopped the cough. Discharged.

CASE IV.—*Tonsillitis, with Ulceration.*

Admitted Oct. 24th, 1862. E. Y., æt. 50, married. Complains of soreness of the throat, with painful and difficult deglution. Both tonsils are swollen, and of a bright red colour; on the left tonsil there is a large, rather deep ulcer. Her voice is hoarse, and she perspires. *Merc. viv.* 5, x. every four hours.

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28th. Ulceration better; redness of tonsils diminished; she still perspires much. Continue.

31st. Throat much better; ulceration almost well; there is still difficulty in swallowing; perspirations continue. *Merc. sol.* 6, three times a-day.

Nov. 4th. Throat much better; she has no appetite, and there is much thirst. *Merc. sol.* 30, twice a-day.

14th. Quite well. Discharged.

Case V.

Nov. 15th, 1861. C. N., æt. 10 years, a weakly, delicate boy, has never been well or strong; did not walk until he was four years old. Complains of great debility and nervousness; has no life nor spirits; coughs much after the least exertion; picks at the nose; ascarides occasionally seen; wakes at night in a fright. *Bryonia* 3, three times a-day.

22nd. Better. Coughs less, but the cough is worse at night; tongue morbidly red; restless sleep. *Bellad.* 3, three times a-day.

29th. Better. Less cough; stomach feels sore when he coughs or sneezes. *Bellad.* 6, twice a-day.

From this date there was progressive improvement until the following March, when he complained of pain in the side and frontal headache. *Nux v.* 6, twice a-day.

21st. Better.

April 1st. Complains of debility, and looks pale. *Sulphur* 30, every night.

11th. Better. Continue.

22nd. Improving. *Sacch. lactis.*

May 6th. Complains again of pain in the side. *Bryonia* 3, twice a-day.

20th. Better.

June 17th. Improving.

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24th. Frontal headache and constipation. *Nux v.* 6, twice a-day.

From this date he continued to improve, without any drawback. On the 29th of August was discharged, quite well.

Case VI.

Admitted August 26th, 1862. E. S., a young woman, æt. 24, single. Has been ill for five years. Complains of general debility; says she becomes worse every autumn. Faintness and sickness; profuse leucorrhœa; catamenia too profuse. *Calc. carb.* 5, x. three times a-day.

Sept. 2nd. Feels stronger; less leucorrhœa; vertigo when walking. Continue.

12th. Not feeling so strong. Catamenia have just occurred, and still too abundant; she feels debility in consequence. Relaxation of bowels. *China* 3, x. three times a-day.

19th. Much better. Much less leucorrhœal discharge; feels stronger; and there is much less relaxation of the bowels. Continue.

Oct. 3rd. Returned to report herself as feeling so much better that she had nothing to complain of, and was therefore discharged.

The Dispensary books afford many such cases as the above, which form a considerable proportion of the patients who seek relief as out-door patients at all public dispensaries. The case is only valuable in shewing what may be effected by the administration of but two medicines, in a case of five years' standing; restoring this young woman from a state of wretched debility, depending upon uterine disorder, to health and strength.

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CASE VII.—*Pulmonary Tubercle, ending rapidly fatal by the occurrence of Pneumothorax.*

The subject of the following case was a delicate young lady, æt. 15, who had for some months been in a state of failing health; and although there were cough, rigors, emaciation, and hurried respiration, yet the parents and friends, although solicitous about her health, had no suspicion that any very serious disease was present. I was first requested to examine the case last June; she had been in delicate health from the preceding April. I found that, in addition to the abovementioned symptoms, there was a greatly accelerated pulse, tendency to night perspirations, and an intensely sensitive condition of the whole nervous system. The following physical signs were observed:—there was comparative dulness on percussion over the right lung, anteriorly and posteriorly; at the inferior lobe of the right lung there were heard friction sounds and moist *crepitus*, and in the infraclavicular region, muco-crepitatous râles; and in the left side there were the signs of diffused bronchitis.

From this time the symptoms and physical signs had, under treatment, diminished in intensity, and the pulse had become quieter, and she was well enough to go out every fine day. Slight hæmoptysis occasionally occurred. Thus matters went on, until one day (August the 9th), on which those attending upon her thought her looking better than usual, and she herself expressed herself as feeling better, when, soon after her return from a drive, she complained of a sudden sharp pain in the right side; coldness of the extremities and gasping respiration supervened, and she could only sit in the semi-erect position. I was sent for hurriedly. I found her in *articulo mortis:* hippocratic face; lividity of the lips; pulse uncountable;

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and the entire right side of the chest was intensely tympanitic. In six hours all was over.

Post-Mortem, forty-eight hours after death.

On opening the chest, a large volume of inodorous gas escaped. The right lung was compressed against the spine, and occupied less than one-fourth of its normal space in the pleural cavity, which was empty, and perfectly free from any serous or purulent effusion. The apex of the right lung was adhering, over a considerable surface, to the parietes of the chest; when cut into, a small cavity appeared, with very thin walls. The parenchyma of the lung was friable, and studded with crude and suppurating tubercles. There was no cavity in the left lung, but it contained tubercles in considerable quantities. The muscular fibre of the heart was soft, but in other respects the organ was healthy. There was not much emaciation, the subcutaneous adipose tissue on the chest, &c., not having undergone much absorption.

This is only the second case in my own experience—which is spread over a period of nearly twenty-five years—of the sudden termination of pulmonary phthisis.* The other case occurred in this place (St. Leonard's-on-Sea), a few years ago. The case was that of a lady about 25, with tubercular cavities, and suffering from that type of phthisis which is slow in its destructive march; but after a drive in the open air she was attacked with frightful dyspnœa, and in a few hours life was extinct. In this case I had not the advantage of a *post-mortem* examination,

* [The excellent man and physician, Dr. Alison, of the Brompton Consumption Hospital, has stated that, in cases of tubercular phthisis, the termination by *pneumothorax* is by no means uncommon. Our own experience, *quantum voleat*, leads us to concur with Dr. Alison. —Ed.]

and was therefore unable with any precision to arrive at what was the immediate cause of so sudden a death. It is well known that, as a rule, death from pulmonary consumption is a gradual process, and it is sometimes astonishing how the respiratory functions can be carried on, often for years, with such extensive disorganization of lung-structure as takes place in a great number of cases; and the knowledge of this fact enables us, in treating consumption, to promise that, although we are but very seldom successful in curing the disease, we are often permitted to be the instruments of indefinitely prolonging life. The two cases referred to, teach us that in phthisis death may be sudden when we least expect it, and should put us on our guard as to hazarding a prognosis as to the probable duration of life in such cases.

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LADIES, AS MEDICAL STUDENTS & PHYSICIANS.

We really see no reason why those of the *beau sexe*, who are suitable for the Profession, should not be permitted to *indulge their genius*.

There are some lady-physicians of very good reputation in the Northern States of America.

Ten or twelve years ago we knew one of them, Dr. Elisabeth Blackwell, who, we believe, has practised successfully since that time. She *walked* St. Bartholomew's Hospital, according to the phrase.

She wished to know something of Homœopathy, and visited the then existing *Hahnemann Hospital:* she attended at least one of the clinical lectures, for we saw her seated by the side of Dr. Curie, the lecturer.

We have always advocated that the Obstetric Art should be consigned to women.—The tact, the refinement,

the delicacy, the womanly sympathy of the sex, mark out women as the proper accoucheurs to minister to their fellow-women in travail, in "Nature's trial."

Our ladies would be secure from the villanous and polluting touch of *speculators*, and from the *infamy* of what is called *local treatment*. This would be an immense moral gain to society.

The practice of having men-midwives is comparatively modern. The very word midwife implies that the ministration in the time of child-birth should be left to women.

To perform this ministration fitly the woman should be educated. Why, then, not admit her to our Medical Schools, Colleges and Universities?

An objection has been made by a London Professor of Anatomy that he could not describe those parts of the body which constitute the sexual differences between the sexes to a mixed class of males and females. Why should he? Why should not the middle-aged matron be instructed to teach anatomy to young women?

The Medical education of young ladies, again, would greatly enhance the value of governesses—for the children would be saved from much unnecessary drugging, and so from much unnecessary illness.—This remark applies especially to such of the *beau sexe* as may be led to adopt the homœopathic law of practice.

We see no reason why a woman should not minister even better than a man to the so-called "nervous diseases," when occurring to those of her own sex.

Again, if the Lady Physician should have ever to encounter the general battle field of medical practice, why not? At all events for her own sex she would in many cases be a preferable medical attendant to a man.

This open course for women would lead to Oxford and Cambridge. Why not? we see nothing in the "fitness of things" to object to it. Due care would of course be

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taken to divide the colleges into monasteries and nunneries of a Protestant character. At Trinity College, Cambridge, for instance, the ladies might have the New Court; and so at St. John's.

Having premised so much, the attention of the reader is invited a to *leading article* of the *Morning Star* of November 5th, 1862, a much better memorial of that day than bonfires.

"Woman's sphere is a locality variously defined by different theorists. It must be confessed, however, that the majority are inclined to restrict it within extremely narrow limits. Most Englishmen interrogated on the subject would reply that the province of woman is to rear children and train them in their early years, and to provide for the comfort of her husband, and that there her functions end. By such folks she is regarded as the highest species of domesticated animal; and however strongly they might repudiate such a doctrine, distinctly formulated, they are nevertheless governed by it in practice. It seems strange that even those who cling to these narrow notions cannot perceive that the more thoroughly a woman's mind is cultivated, the better she will be able to discharge the duties which they condescend to assign to her. We trust that there are very few husbands whose ideal of home comfort is realised when shirt buttons are in their place, and satisfactory results are achieved in the compounding of pies and puddings. We hope that there are not many fathers who deem that the natural educator of the infant mind sheds sufficient light upon it by making it familiar with the history of "LITTLE BO PEEP" and kindred nursery legends. Admitting the doctrine that woman can emerge from nonentity only by entering upon married life, it must be conceded that the more thoroughly she is educated the more efficiently will she be able to acquit herself of her obligations as a wife and a mother. But is it quite clear that Providence has left her no other alternative? Is she absolutely compelled to abnegate her own individuality and to merge herself into a mere component element in a dual existence? Sup-

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pose she chooses to remain single, and to devote herself to those serious studies by the pursuit of which men at once reap delight and honour for themselves and confer solid benefits on their kind? Is it to be held that in so doing she usurps a prerogative to which she has no lawful claim? Let us admit for a moment the ultra view that a very high mental cultivation will necessarily induce a woman to keep herself aloof from marriage. The supposition is not very complimentary to the masculine gender, since it implies that under such circumstances young ladies would find it difficult to meet with husbands worthy of their choice. But admit that such will be the result—does that give us any right to interfere with her free action? The question has cropped up more than once of late, and at this moment it is before one of our most distinguished universities awaiting a formal decision.

"On the 29th ult., Miss ELIZABETH GARRETT applied for permission to matriculate in the University of St. Andrew. It was not the first time that this young lady had endeavoured to make good her entrance to a field in which she might win honours by emulation in the pursuit of learning. She sought admission to the London University, and failed only through the casting vote of the chairman; she made a similar attempt at Edinburgh, and was defeated by eighteen votes against sixteen. In neither instance was it pretended that she lacked intellectual qualifications; nor could such a pretext have been for a moment sustained. About a month since, Miss Garrett presented herself for examination at Apothecaries' Hall, the only female candidate among seventy-eight competitors. More than twenty were rejected; nineteen only passed with honours, and she was among the number. When she made her application at the University of St. Andrew, it seemed at first as if her difficulties were at an end, and success was about to crown her legitimate aspirations. The matriculation card, declaring her to be '*Civis Universitatis Sancti Andreæ*,' was granted without hesitation; on each of the two following days professors consented to her having tickets for their lectures, which were given to her upon payment of the usual fees. But on the 1st of No-

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vember the Senate met and passed a resolution declaring that all these tickets had been given without sufficient authority, appointing a committee to consider the question of the admissibility of women to the University, and warning the professors to abstain, pending its decision, from admitting Miss Garrett to their lectures. It seems extremely questionable whether the Senate, having already, through its recognised officers, admitted this young lady to matriculation, has any legal power, under the existing state of the facts, to interfere with the progress of her academical career. But it would be premature to raise this question until the decision of the committee has been made known. On Monday next the Senate will meet again to consider this important question, and we may suspend the discussion of technicalities in the hope that its decision will secure to the University of St. Andrew the honour of having been the first to concede a right which has been hitherto so persistently denied.

"For what, after all, is this privilege, viewed in so many quarters with bitter jealousy, which Miss Garrett has come forward to demand on behalf of the sisterhood of studious women? It is simply the permission to give the fullest possible cultivation to that intellect which in them, as in men, is the true image of their Maker. Is it to be supposed that the ALMIGHTY, having given to His creatures of each sex a mind capable of bearing rich fruits, intended that the powers of the one should be fully developed, but that those of the other should be suffered to lie fallow? What pretext can be urged in extenuation of the gross injustice of tyrannically closing against women all access to the paths of learning? It is idle to urge that they may study at home as much as they please, even if they are denied admission to the Universities. Men demand the stimulus of emulation, they claim that their success in the pursuit of erudition shall be rewarded by academic honours. Why should we deny to women the same incitement and the same guerdon? There are many of them to whom a collegiate degree would be not merely a source of laudable pride, but a substantial aid towards the gaining of an honourable livelihood. There are

thousands of young women who, debarred by the existing conventionalities of society from all hope of marriage, devote themselves to a career of tuition. Can anyone who is familiar with the present condition of the governess class doubt that by enabling women to obtain an academical certificate of proficiency we should be at once conferring a deserved advantage on the most studious, and affording to the public a satisfactory test of their proficiency? But this is not all. We have assumed, for the sake of the argument, that the more perfect education of women would encourage celibacy; but in point of fact we feel satisfied that it would promote marriage. No small amount of the single wretchedness which is becoming unhappily too prevalent is due to the difficulty which men of cultivated minds find in procuring partners who would be really intellectual companions. Many a bachelor would not now be as he is were it not for the inane frivolity which defective education has developed in by far too large a proportion of the young ladies of the present day. A man whose arduous pursuits bring him in only a moderate income, shrinks with dread from the risk of tying himself to a pretty doll, whose thoughts vibrate only between novels and polkas, crochet and crinoline. He sees no chance that such a woman will have any sympathy in the intellectual pursuits to which he looks for relief after his daily labour; and though he could easily find a wife who would be an attractive ornament to his home, prudence compels him to abstain from such an expensive luxury. But whatever might be the effect of the increased development of female education, the women who claim it seek a right which it would be iniquitous to deny; and we trust the Senate of the University of St. Andrew will by its decision bravely strike the first blow at an effete and degrading superstition."

ARCHBISHOP WHATELY ON HOMŒOPATHY, AND THE CONDUCT EXHIBITED BY ALLOPATHISTS TOWARDS HOMŒPATHISTS.

(From *Notes of a New Truth.*)

Archbishop Whately, one of the best logicians of the day, whose work on Logic is deemed the standard work on the sub-

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ject, was led, some years since, to become a believer in homœopathy by the circumstance that his coachman, who had been a great sufferer from disease and who had been treated in vain by the leading physicians in Dublin, was cured by a homœopathic practitioner in Dublin. The Archbishop has been, ever since, a faithful friend to the homœopathic cause.

It appears that the College of Surgeons in Dublin, having met to consider the progress which homœopathy was making, resolved (one would almost imagine under the influence of Irish whiskey):

"That no Fellow or Licentiate of the Royal College shall pretend or profess to cure diseases by the deception called homœopathy, or the practice called Mesmerism, or by any other form of quackery." "It is also hereby ordained that no Fellow or Licentiate of the College shall consult with, meet, devise, direct or assist any person engaged in such deceptions or practices, or in any system or practice considered derogatory or dishonourable by physicians or surgeons."

These resolutions were brought under the notice of Archbishop Whately, and, in the following admirable letter he has declared his opinion on these resolutions.

"My dear Sir,—I was well aware of the detestable act of tyranny you refer to. I believe some persons were overawed into taking part in it against their own judgment. I have always protested against such conduct in all departments of life. You may see something to the purpose in my little penny tract on 'Trades Unions' (to be had at Parker's). In fact, the present is one of the Trades' Unions. A man has a right to refuse to work except for such wages, or under such conditions, as he himself chooses to prescribe, but he has no right to compel others to concur with him. If there is any mode of medical treatment which he disapproves of, or any system of education which he thinks objectionable, he will be likely to keep clear of it of his own accord, without any need of compulsion or pledges. Those again who may think differently ought not to be coerced or bullied. Some persons seem to have a notion that there is some connection between persecution and religion, but the truth is, it belongs to human nature, In all departments of life you

may meet with narrow-minded bigotry, and uncharitable party spirit. Long before the outbreak of the reformation the Nominalists and the Realists of the logical School persecuted each other unmercifully, so have Royalists and Republicans done in many countries; and in our own country the Trades' Unions persecute any one who does not submit to their regulations. In Ireland, if any one takes a farm in contravention of the rules of the agrarian conspirators, he is waylaid and murdered; and if he embraces the Protestant faith, his neighbours will conspire to have no dealings with him. The truth is, the majority of mankind have no real love of liberty, except that they are glad to have it themselves, and to keep it all to themselves; but they have neither spirit enough to stand up firmly for their own rights, nor sufficient sense of justice to respect the rights of others. They will submit to the domineering of a majority of their own party, and will join with them in domineering over others. In the midst of the disgust and shame which one must feel at such proceedings as you have alluded to, it is some consolation to the advocates of the systems denounced to see that there is something of a testimony borne to them by their adversaries, who *dare not* trust the cause to the decision of reason and experience, but resort to such expedients as might as easily be employed for a bad cause as a good one.

"(*Signed*) R. DUBLIN.

"[The letter thus presented was published in the *British Journal of Homœopathy*, No. 82, pp. 680, 681, and does honour to the head and heart of the writer.—Ed. *Notes of a New Truth.*]"

SINGULAR DEATH FROM A CHERRY-STONE.

On Thursday Dr. Lankester held an inquest at the Crown Tavern, Henry-street, Portland-town, on Alfred John Scott, aged 17 years, a page in the service of Mr. Playle, 17, Marlborough road, St. John's-wood. Mr. Nelson, surgeon, deposed that he found a minute perforation in the cœcum, occasioned by a small cherry-stone, which had ulcerated its way in a remarkable manner partially through, and remained adherent to its

..., had passed into t
same way and caused death.—The following
rded :—" That deceased was found dead in a
in a chair in the bed-room ; and that the cau
an ulceration of the bowels, produced by a sm
part of the bowels called the cœcum."

GILT GINGERBREAD.

following paragraph appears in the last numl
rtoire de Chimie. It is written by the editor
eswil, and relates to his recent visit to England :-

While taking a walk at Greenwich with M. M
ian Consul, I observed on the stalls of the hucks
es apparently made of some kind of gingerbr
nded for children. These images were gilt over t
ace, and it occurred to me that it would be inter
rtain the nature of this gilding, the price of the arti
fficient indication that it was not real gold. I
that the brilliant metal which covered these gilt c
gold, consisting chiefly of copper. I have though
blish this fact, because, notwithstanding the tas
rbread was detestable, it is to be feared that childr
mpted to eat it, and undoubtedly the finely divid
cause serious accidents."

THE PRESENT STATE OF HOMŒOPATHY.

The question arises, whether Hahnemann found that the *higher* he carried the attenuation or dilution of the drug, the *more* power he obtained to cure; or that a certain amount of attenuation was necessary.

If a subtle morbid *spirit* causes disease, it must require a medicinal agent of sufficient power to counteract the morbid spirit, and let nature have its way. Does unlimited attenuation overlook this balance of power?

After the crude drug has been left behind, is not the medicinal power developed more by triturating or shaking than by attenuating?

Or rather, would the amount of labour required in preparing the 30th potency, if bestowed upon the 3rd, produce as much, if not more, pure and mild medicinal power?

Should we attribute the present success of homœopathy, as compared with its early history, to the insufficient care of the present practitioners generally? We must remember that medical science generally has much improved since Hahnemann's time, and has learned some lessons from homœopathy; also, that homœopathy was much less respected formerly than now, consequently its advocates were lovers of pure science, and of course careful students; while now, many men of less zeal help to swell our ranks, and of course all men have not the same powers of mind and application, else all homœopaths would be Hahnemanns.

It cannot therefore follow that all the careful students and successful practitioners are those who believe in unlimited attenuation.

Those who use the low attenuations do not by any means ignore the principle of dynamization as propounded by Hahnemann, but own it as essential to homœopathy, while they strenuously discountenance its abuse.

THE PRESENT STATE OF HOMŒOPATHY.

They think that a certain degree of attenuation, combined with the minute subdivision of particles secured by continued trituration, introduces us to some of our most important medicines, that otherwise would be useless, and makes others, that are comparatively inert, quite active; but as they think that nothing is gained by excessive attenuation, they prefer to remain where they do, and not lose both the chemical and microscopical views of the drug.

Though, as Dr. Cameron remarks, a seed may lie dormant in a mummy for centuries, and still retain its generic power, it does not follow that the action of a drug gains nourishment, and can grow to an unlimited quantity and power, by the process of attenuation as propounded by Hahnemann.

We cannot think that Hahnemann gave way to this belief to the extent that some homœopaths of the present day would infer.

There is a characteristic power or principle in all the elements and combinations of nature, and homœopaths believe that it is often developed, and always benefited, by trituration; but all do not believe that it can be multiplied in power and quantity in a centesimal or even decimal progression, *ad libitum*, or that it can be freed from the drug itself.

If a curative power is developed by attenuation, certainly the use of the high potencies cannot require any more faithful working and careful study than the low; and if we can cure *as well* with the low attenuations, why should we spend more time and study, in order that we should be permitted to use the higher?

Hahnemann wisely suggested that each individual case had its peculiar characteristics, and required as much attention as if it were a new disease; but he did not limit this to a mere study of symptoms.

THE PRESENT STATE OF HOMŒOPATHY.

Morbid symptoms are the voice of nature, showing *how* an organ or series of organs is affected by the *morbific cause;* while *drug symptoms* are the voice of nature, showing *how* the *drug* affects an organ or series of organs.

If the morbid *condition* (not merely symptoms) is met by a drug producing a similar condition, a cure may be effected. Similarity of symptoms may be produced in dissimilar conditions, so that a most careful observer might be deceived. How very necessary it is, therefore, that the provings of our drugs should be duly authenticated, and purged from repetition and superfluous symptoms.

It is unfair to argue that, because some do not entirely coincide with Hahnemann's views of high attenuation, that they differ in order to avoid the amount of labour necessary to success; or that, because they descry the wonderful amount and frequent uselessness of symptoms in our Materia Medica, does it follow that they are loose practitioners, and want to find a ready road to success. But it is more charitable to suppose, and more reasonable to believe, that they wish to avoid a waste of time with superfluous symptoms, and an uncertainty of success from fear of false ones. We *too often* learn the uncertainty of symptoms by experience, and have too much reason to believe that many have *originated* in the brain of the single prover.

How much more satisfactory would it be if no symptom was recorded until more than one prover had verified it. It may be urged that the drug will not act upon two persons exactly alike, or upon the same person twice alike; but when we arrive at such a hair-splitting nicety, the doctor's vocation will be done away with, and every individual will have to make his own Materia Medica, to insure perfect success.

No man of sense expects to accomplish any undertaking

THE PRESENT STATE OF HOMŒ

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to mankind.

PRACTICE.

M.D.

E., age 32. Six
has had a great deal

CASES FROM DISPENSARY PRACTICE.

of sickness and trouble. Is now suckling an infant five months old. Is at present very weak. Has constant desire to pass urine, and can only emit a few drops at a time with cutting pain (this is an old complaint). Appetite ravenous. Has face ache with swelling over both jaws. Is very thirsty and restless. Had a bad attack of diarrhœa some time ago with loss of blood. ℞ *Merc.* sol. $^{3}/_{200}$ in 12, bis die.

25th. No great change, except that she does not require to pass urine so often. Face has been no better, except that immediately on entering my house this evening the pain ceased suddenly. ℞ *Sacch. lact.*

31st. Considerably and very decidedly better, and is quite surprised, as her illnesses generally last a long time. Urine now passes much more freely and with little pain. Face only slightly and intermittingly painful. Is very weak. ℞ *China* $^{3}/_{200}$ in 12, bis die.

June 7th. Much better and gaining strength. Urine still smarts a little, and she feels a great weight on shoulders. ℞ *Canth.* $^{3}/_{200}$ in 12, bis die.

21st. Is quite well with the exception of suffering from flatulence. ℞ *Carb. veg.* $^{3}/_{200}$ in 12. And I saw her no more for seven months, when she said that in the interval she had been quite well.

No. 15.—Jan. 4th. James W., age 25. Has suffered from tape worm for more than twelve months. Passes small pieces occasionally, and suffers from severe pains in bowels. Spirits very low. ℞ *Sulph.* $^{3}/_{30}$ in 12, bis die.

10th. Has felt very depressed since here, and has passed several pieces of the worm every day. ℞ *Sacch. lact.*

18th. Much as he was when here last. Has caught a severe cold in head. ℞ *Graphites* $^{3}/_{30}$ in 12, bis die.

March 5th. I did not see this young man again, but was

CASES FROM DISPENSARY PRACTICE.

to-day told by a friend of his who came as a patient, that, soon after finishing the medicine, he was seized with pain in abdomen of the most frightful character, which, after lasting nearly a day, was removed by his passing a tape-worm, *said* to have been five yards long, with several smaller pieces.

No. 16.—Feb. 27th. Mrs. S. P., age 30. Has one child five years old, and has not been pregnant since. Went about her work a week after confinement, and ever since has suffered from severe pain in back, and heavy bearing down pain in region of womb. Has but slight leucorrhœa. Has severe pain in lower part of back and abdomen, the first few days of catamenia, which are otherwise normal. Appetite poor, and suffers much from frontal headache. ℞ *Bell.* $^{3}/_{200}$ in 12, bis die.

March 14th. The bearing down pain and other symptoms are quite gone; but she has now a sharp shooting pain in region of left ovary, worse on walking (*bell?*). I gave her a dose of *sulph.* 200, and as she lived quite close, and did not return, I presume she was cured.

No. 17.—Feb. 4th. Thomas W., shoemaker. Has practised masturbation for a long time, and has now frequent fits, in which he falls down perfectly unconscious, and lies for a considerable time without motion. Mother says he bores his head in the pillow when asleep. Has also, at present, sore throat, with cough worst just before rising, and bad frontal headache. ℞ *Bell.* $^{3}/_{200}$ in 12, bis die.

11th. Much better; no fit, and headache and sore throat gone. Cough still troublesome of a morning, and sometimes at night. ℞ *Laches.* $^{3}/_{200}$ in 12, bis die.

21st. Cough is quite gone. Has had no fit; has no complaint of any kind, and is in better health than he has been for a long time. Discharged.

CASES FROM DISPENSARY PRACTICE.

No. 18.—Feb. 12th. Andrew L., 14 years. Has had for a month a crusty eruption, discharging thin matter, on face, upper lip and chin; worst on chin. ℞ *Merc. sol.* $^{3}/_{1000}$ in 12, bis die.

21st. Nearly well. Repet. *Merc.* And discharged.

No. 19.—March 6th. Alfred F., age 20. Chronic inflammation of left testicle, with enlargement, of a year's standing. Cannot account for it. Has always a feeling of weight and dragging extending into the abdomen; and there is a good deal of pain in the testicle on pressure. ℞ *Puls.* $^{3}/_{200}$ in 12, bis die.

14th. Pain on pressure, and feeling of weight altogether gone. Testicle somewhat softer. Is altogether better. ℞ *Sacch. lact.* And I saw him no more.

No. 20.—Oct. 1st. Edmund S., 5 years. Has had, for a long time, scrofulous enlargement of the muscles of the neck, and large scabby bosses on the head. ℞ *Sulph.* $^{3}/_{200}$ statim.

15th. No appreciable change. ℞ *Calc.* $^{3}/_{200}$ in 12, bis die.

Feb 14th. Father comes as patient, and reports that, very soon after being here, the child got quite well, and has continued so ever since.

No. 21.—January 24th. Richard M., 11 years of age. Has had, for several years, a scurvy-like eruption on nates and back part of legs, itching at night, with oozing of blood. There is a quantity of scurf on face. ℞ *Sulph.* $^{3}/_{200}$ in 12, bis die.

Feb. 18th. Great improvement in the eruption. Repet. *Sulphur*, and the child come no more.

No. 22.—September 13th. G. M., a very scrofulous

CASES FROM DISPENSARY PRACTICE.

lad, age 19. Soon after an attack of pleurisy, about six months ago, he found his eyesight becoming gradually dim. This went on gradually increasing, and now the sight of left eye is entirely lost, from an almost uniformly thick deposit in cornea, of a greyish colour, and there is ulceration of right cornea with intense photophopia, but no actual pain. Can with difficulty find his way in walking. ℞ *Calc.* $^{3}/_{200}$ in 12, bis die.

26th. One of the ulcers in right eye has become acutely inflamed, causing great pain. ℞ *Sulph.* $^{3}/_{200}$ statim, and *Acon.* $^{3}/_{200}$ in 12, bis die.

October 4th. Inflammation quite reduced. No pain now. Deposit not so thick, and sees the light more brightly. ℞ *Sulph.* $^{2}/_{200}$ statim.

11th. Deposit in cornea is being rapidly absorbed. Ulcers are healing. ℞ *Sulph.* $^{1}/_{200}$ statim.

27th. Deposit clearing away. Sees objects with left eye pretty clearly now. Has a burning, itching eruption on external rim of both ears: a little also on head. ℞ *Sass.* $^{2}/_{30}$ in 12, bis die.

December 5th. Eruption disappearing. Eyes improving. ℞ *Sil.* $^{2}/_{200}$ statim.

He was now fit for work, and having found a place, did not come regularly; but I gave him one or two doses of *silicea* at irregular intervals, and when last I saw him two or three months afterwards, his eyes were almost quite clear, and he could see perfectly.

No. 23.—January 8th. Mary W., delicate looking girl at 11 years old. When five years of age a very free monthly discharge from vagina occurred, which continued regularly for two years. It was sometimes so abundant as to cause apprehension for her life. It ceased suddenly when she was seven, and she continued in fair health till three months ago, when it commenced again, and has

CASES FROM DISPENSARY PRACTICE.

taken place every month since. Discharge is now pale and scanty, and lasts only twenty-four hours. A day or two before it comes on, her head becomes very full and heavy, and her sleep is disturbed, with talking and throwing herself about in bed. These symptoms, which are now present, are always relieved by the occurrence of the menstrual discharge, which is now almost due. She passes a lumbricus occasionally. ℞ *Sulph.* $^{3}/_{200}$ statim.

14th. She was quite relieved of all the symptoms very soon after she took the medicine. The discharge did not appear, and she is now quite well.

I discharged her, telling her mother to bring her again if the discharge should return, but she did not come back.

No. 24.—September 11th. Mrs. F., age 30. Is suckling a child eight month old, both day and night, and is suffering from great weakness, from backache, from beardown pain when she walks, and from leucorrhœa. ℞ *China* $^{3}/_{200}$ in 12, bis die.

November 8th. States that all the symptoms were very speedily removed by the medicine. Suffers now from dryness of skin, with severe itching, worse by heat. ℞ *Sass.* $^{3}/_{30}$ in 12, bis die.

15th. Very much better. ℞ *Sacch. lact.*, and she did not return.

No. 25.—August 6th. Mrs. Amelia A., about 35. The mother of eight children. Has now a baby four months old. Had much pain for three weeks after confinement, and ever since has had a thick, and very free leucorrhœa. Is very weak, and feels hungry soon after eating. ℞ *Calc.* $^{3}/_{200}$ in 12, bis die.

I did not see this woman till October 16th, when she came suffering from a carious tooth, and told me that she was at once cured by the medicine.

CASES FROM DISPENSARY PRACTICE.

No. 26.—May 14th. Mrs. Sarah M., age 68. Has for six weeks suffered very severely from sharp, lancinating pains in chest, going through to back, often lasting for hours, with a good deal of flatulence. ℞ *Sulph.* $^{3}/_{200}$ statim.

June 7th. Comes to say that she is quite well, and to return thanks.

No. 27.—October 16th. Mrs. Amelia B., age 20. Has a baby ten weeks old. After confinement her left breast suppurated, and it is now very painful with an abundant discharge of fetid matter from the unhealthy orifices of several deep fistulæ, which quite undermine the breast. ℞ *Sil.* $^{3}/_{200}$ in 12, bis die.

23rd. A most astonishing improvement has taken place during the week. The sores have assumed a healthy aspect, the pus is also healthy and much diminished in quantity, and there is no pain. Repet. *silicea,* as before, and she did not return.

No. 28.—December 24th. Mrs. A. F., age 60. Has suffered for six weeks past from a very sore leg. Skin is very much inflamed over a large surface, and there are many small unhealthy sores, which smart and ache much. Is subject to what is apparently, from her description, gout in the hands. ℞ *Sulph.* $^{3}/_{200}$ in 12, bis die; then stop four days, and repeat.

Feb. 21st. Leg has been quite healed and healthy for a week. Discharged.

No. 29.—June 8th. Elizabeth M., age 12. Has suffered for three years from ulceration deep in the upper part of nostrils, which is attended by a fetid discharge. The face swells occasionally, and she is listless and languid. ℞ *Graph.* $^{3}/_{200}$ in 12, bis die.

CASES FROM DISPENSARY PRACTICE.

24th. No change except that the nose has bled a good deal during the week. Repet. *Graph.*

July 16th. Very much better. Ulceration is healing, and discharge improving in character. Repet. *Graph.*

30th. The nose is a little swollen externally, and she is somewhat heavy of a morning. ℞ *Puls.* $^{3}/_{200}$ in 12, bis die.

August 6th. Internal ulceration improving rapidly. Swelling of nose gone. Has now some swelling of upper lip with eruption below the nose. ℞ *Calc.* $^{3}/_{200}$ in 12, bis die.

26th. Last symptoms quite gone. Ulceration in nose nearly healed. ℞ *Graph.* $^{3}/_{200}$ in 12 bis die.

She did not return.

No. 30.—Feb. 23. Alice S., age 8. Weakly child. Is subject to alternate flushings and paleness in face, tightness of chest, and pain in the left side. Has leucorrhœa. Complains much of pain in forehead, of a morning principally, which causes her to scream. Appetite irregular. Mother never saw any worms. ℞ *Cham.* $^{3}/_{30}$ in 12, bis die.

March 1st. Tightness in chest and pain in side gone. Has had no flushings. Appetite much better. Headache better, but not gone. ℞ *Cham.* $^{1}/_{30}$ in 12, bis die.

8th. Headache gone, and she is quite well. Had a sharp attack of earache one night (*Cham ?*). Discharged.

No. 31.—Feb. 8th. Mrs. L. B., age 36. Has several living children, but in the last three years has had three miscarriages, brought on by violent retching and vomiting. She is now seven months gone with child, and her husband comes in haste to say that she was seized with the same symptoms four hours ago, and is now very ill, just as she was before miscarrying on each of the

THE LEAVES AND FLOWERS

former occasions. ℞ *Puls.* $^{3}/_{30}$ in 12, a teaspoonful every half hour till better.

The second dose gave perfect relief, and she was safely delivered of a child at the full time.

NOTE UPON THE LEAVES AND FLOWERS EMPLOYED IN PHARMACY.

By Monsieur E. Filhol.

In the course of my researches on the colouring matter of plants, I have often had occasion to observe a fact very well known to pharmaciens; I mean the decoloration of leaves and flowers under the influence of light, air, and damp.

I thought that it would be useful to find out if the colouring matters disappeared of themselves only, or if, on the contrary, this disappearance was not accompanied at the same time with an alteration of the remedial principles when such were combined with them.

Some experiments of this kind have been already tried by chemists, but we have not had as yet any connected work upon the subject. The following considerations will show how desirable it is that this matter should be seriously investigated.

The result of numerous experiments which I have made during some years, shows that leaves, besides containing *chlorophyll*, also contain *quercitrin*, or *quercetin*, and sometimes both these matters. Sometimes also, small quantities of the yellow colouring matter of flowers, known by the name of *xanthine*, may be found.

The red, rose, and blue colours of flowers are due to *cyanine*.

Yellow flowers owe their colour to *xanthine*, *xantheine*, or *croco-xanthine*.

In short, almost all flowers contain, like leaves, either

EMPLOYED IN PHARMACY.

quercitrin or *quercetin;* they contain also notable quantities of sugar. When we compare the amount of *quercitrin*, in leaves dried with care, and sheltered from the influence of the air, light, and damp, with leaves of the same species badly preserved, and such as are sometimes found in the drug trade, we find these latter to contain much less than the former. For then, instead of obtaining a definite and crystallizable compound, we only obtain some matters of an extractive character,—a result which is due to the alteration of the proximate principles originally contained in the plant.

The same thing takes place in flowers under similar circumstances.

It may be ascertained further, that the latter impoverish in sugar at the same time that they become decolorized. Moreover, it is easy to perceive that the odorous principles also, at the same time, disappear.

When we isolate the vegetable colouring matters which I have noted above, we can easily ascertain that these matters, when pure, alter but very slowly when in contact with the air, light, and damp; but that it is quite otherwise when they are associated with vegetable tissue, either in leaves or flowers; for then they disappear with great rapidity. One would say, that the cellular tissue acts, in such a case, like spongy platinum, and facilitates the combination of the elements of the air or of water with the proximate principles contained in plants.

This fact appears to me to be of the highest importance; for, since some proximate principles which can be preserved for an indefinite period when pure are thus altered when they are associated with vegetable tissues, it is probable that those substances which appear to us to have a great stability are also destroyed in a short time under the influence of light, air, and damp, when they are associated with vegetable tissues.

It would be very useful to ascertain whether alkaloids, vegetable acids, etc., do not disappear, like sugar and colouring matters, when the plants which contain them are altered. We know already that the leaves of Digitalis contain less *digitaline* when they are badly dried, than under a contrary condition. It seems probable that the alkaloids exist in smaller proportion in the leaves of Belladonna, Stramonium, Nightshade, etc., which have been decolorized under the influences mentioned above, than in leaves of a like kind which have been collected, dried, and preserved with care.

Most druggists in the south of France appear to forget, that, if the plants which they sell to the pharmaciens, and which form the raw material for the preparation of the various medicinal powders, extracts, syrups, tinctures, etc., are not well preserved, such preparations lose their activity.

My object in publishing this little note has been more especially to show, that when leaves or flowers have lost their colours, it is not alone the colouring matters that have disappeared, but also with them several other proximate principles which it would have been important to preserve.—*Compte-Rendu de la Société d'Emulation des Pharmaciens de la Haute-Garonne, et 'Journal de Pharmacie et de Chimie.'*

CASES OF POISONING FROM EATING THE SEEDS OF THE COMMON THORN-APPLE (*DATURA STRAMONIUM*).

Case I.

By Dr. Liégey, of Rambervilliers.

On the 3rd of September, 1861, about five o'clock in the evening, a woman living opposite to me, came into my

SEEDS OF THE COMMON THORN-APPLE.

surgery, holding in her arms a little girl aged two years and four months, who was crying, and was in an almost convulsive state of agitation; her body was covered with an erythematous, or rather scarlatinaform blush, her skin was hot and dry, and her pulse febrile; this child was suffering from pain in the throat.

The child, although possessing but a very indifferent constitution, was generally healthy. At one o'clock of the same afternoon in which she was brought to my house, after having eaten with her usual appetite, she went out with her brother and sister, of the respective ages of four and six years old. About four o'clock her mother was told that she was ill on the road and could not walk, and the woman some minutes afterwards found her in the condition in which I saw her. Such was the only information this woman could give me, being, as she said, completely ignorant of what had passed from the time the child went out until the moment in which she had found her in the state just described.

I confess that, in the absence of any definite information, I never thought of the child having been poisoned; but at most I imagined at the moment that some foreign body had been arrested in the throat which caused the symptoms, or that some other cause produced local irritation, or that the child had been suddenly attacked with scarlatina.

I prescribed an emetic dose of ipecacuanha in lukewarm water, a weak aromatic infusion as a drink, rest in bed, and a low diet, and I desired the woman to send for me if the state of the little patient became more alarming. She did not send.

In the morning of the next day, as I was at the window, I saw a number of people before the abode of the woman who had brought the child to me on the day preceding. One person said, "She died from swallowing some poi-

sonous seeds;" and another said, "Look, here is the plant from which they were obtained." In this plant I recognised, at a distance, a stem of the *Datura Stramonium.*

The following particulars I afterwards learned:—An asthmatic person, living in an isolated house at the entrance of the town, cultivated the *Datura Stramonium* for its leaves, which he was in the habit of smoking for his complaint; he, not thinking that the fruits, covered with thorny protuberances, would prove any temptation to children, and supposing, moreover, that the seeds contained in them were altogether innocuous, because his fowls had always eaten them with impunity, he had this year, as in preceding ones, thrown the stalks, stripped of the leaves and the fruits, with their contained seeds, in front of his house, where they were intended to remain until they became dry enough for burning. On the 3rd of September, early in the afternoon, eight or ten children came to that place to play, amongst whom were the three children of the woman previously noticed. They divided the stalks, which were numerous, amongst themselves, and, unfortunately, also picked up the seeds and ate them, after having, as they said, made a kind of paste with some bread and water. The greater number of them vomited the poison immediately, and did not experience any further inconvenience of importance. It was thus with the eldest of the three children. The little boy, next in age, besides vomiting immediately after partaking of the poison, had also, during the succeeding night, an attack of delirium, which caused him to fall out of bed on his face, and, as a consequence of this, a very abundant bleeding from the nose. As for the youngest, who had not vomited (the one who had been brought to me), they gave it, as I had ordered, an ordinary emetic dose of ipecacuanha a short time after leaving my house; a long

time elapsed, however, before vomiting took place, and when vomiting did occur, it was attended with great pain, and was repeated several times, and in the matter vomited they noticed a great number of the fatal seeds. The vomiting was also accompanied with diarrhœa; and the patient, after suffering from violent colic, was attacked with convulsions and delirium, followed ultimately by coma, which, towards three o'clock in the morning, terminated in death.

One of the children who partook of the poison, but not belonging to the family more especially noticed above, was, I am informed, seriously ill for a fortnight.—*Journal de Chimie Médicale.*

Case II.

By Dr. J. Larquet.

Although cases of poisoning by *Datura Stramonium* are by no means uncommon, it has appeared to me useful to call the attention of medical practitioners to the subject, at a time of the year when this plant, which is very common in some localities, excites, by the peculiarity of its flowers, and especially by its fruits, the attention, and sometimes the appetite, of children.

On Sunday, the 1st of September, about eleven o'clock at night, I was called to a neighbouring village to see a little girl, four years of age, who, I was told, had been ill for three or four hours. When I saw her, her cheeks were bright-red, her pulse very rapid, the pupils of her eyes in the highest possible state of dilatation, and her expression haggard and wandering. There was nothing abnormal with regard to her respiration. The child was insensible to the caresses as well as to the affectionate words of her mother. Her thirst was excessive, and she clasped convulsively the glass in which any drink was administered, when they desired to remove it from her.

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Her belly was swollen, her cries inarticulate, and the movement of all her limbs unrestrained. She was apparently suffering from some hallucinations, for sometimes her looks were fixed, and then her hands seemed as if pushing away a fanciful vision.

There were neither stools nor vomitings, and at times there were moments of repose. I learned that the child had come home about seven o'clock in the evening, after having played in the garden with one of her friends. When she was taking her meal the symptoms already described appeared, and from that time had continued to increase.

As this disease had commenced so suddenly, and more especially on account of the hallucinations and dilatation of the pupils, I thought of poisoning by Belladonna or Deadly Nightshade, as the cause of it; but on visiting the garden, as I could discover nothing but the *Datura Stramonium*, my opinion was fixed upon it. The friend of my little patient, upon being questioned, said that when they went into the garden they had played at dining. The valves of the Stramonium capsule had been used as plates, and the seeds contained in them the child now ill had alone eaten.

An emetic was at once administered to my patient. In the matter vomited I could only find four or five Stramonium seeds. A purgative of croton oil concluded the treatment. After several stools the invalid slept a disturbed sleep the greater part of the following day, and on the day succeeding her health was completely re-established.—*Gazette des Hôpitaux, et Journal de Pharmacie et de Chimie.*

SOMETHING TO KEEP AWAY HUNGER.

At the St. Peter's Ward meeting, in aid of the Cotton Operatives' Distress Fund, Dr. Edwards, of the Royal Institution,

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alluded to a plant which, prepared as an infusion, like tea or coffee, would do very much to lessen the suffering which the pangs of hunger are inflicting upon the distressed. There is reason to believe that it is imported into Liverpool without the importers knowing the very valuable use to which it may be put. In *Cornhill Magazine* we find the following particulars of this remarkable shrub:—

The *Erythroxylon Coca*, *Ypadu*, or *Hayo*, is a shrub of from two to eight feet in height, very abundant in branches and leaves, which is cultivated extensively in many parts of Peru, in the province of Antis, east of Cuzco, in that of Huanuco, and in the Yungas of Bolivia, chiefly on the inferior heights of the Andes, where the mean temperature is about 15° Centig. (59° F.); where the mean temperature exceeds 20° (68°), though it grows luxuriantly, the quality is inferior. It is unable to support any degree of frost. It requires a moist but well-drained soil, and therefore succeeds best on the slopes of mountains, if not too abrupt. There can be little doubt that its cultivation would succeed in many parts of India—on the Neilgherry hills, for instance, or in Assam—perhaps, too, in the upland region of Jamaica.

Professor Mantegazza, who was in the habit of using it daily for two years, describes its effects, when taken *after* a meal (the dose, from twenty to thirty grains of the leaves, infused in a cup of boiling water, or chewed), as producing in a very short time that state of ease and comfort which accompanies a perfect digestion, so marked that it is impossible for one ever so habitually inattentive to his own sensations not to be struck with its advantageous effect, in accelerating and facilitating this important function. Taken fasting, it seems to destroy the desire of food, not, however, by creating any degree of nausea or depression, but, on the contrary, exciting and sustaining the bodily power so as to render food unnecessary. Instances of its agency in this direction on the Indian labourers, porters, couriers in the Andes, &c., are given in the memoir of Dr. Gosse in great numbers. Thus, to give a single instance, on the authority of Mr. Stevenson, who resided twenty years in South America,

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where he had abundant occasion to witness its effects, he relates that "the natives of many parts of Peru, especially in the mining districts, chew this leaf while working or on journeys, and such is the nutrition they derive from it, that they often pass four or five days without taking any other nourishment, even while working without interruption. "They have often assured me," says Mr. Stevenson, "that, provided with a good supply of coca, they experience neither hunger, nor thirst, nor fatigue, and that without injury to their health they can remain eight or ten days, and as many nights, without sleep."

Used in moderation, as before observed, for however long a period, it does not appear to exercise any deleterious influence on health. Taken as a stimulant, however, and in over-doses, its use is, no doubt, to be deprecated, as leading to consequences as serious and deplorable as the habitual use of opium or any other stimulant or narcotic.

The coca leaf has been subjected to chymical analysis by M. Niemann, a pupil of Professor Wöhler, of Göttingen, who succeeded in insulating from it a peculiar alkaloid, to which he has given the name of "cocaine," crystallisable, colourless, and inodorous, little soluble in water, more easily in alcohol, and readily in ether. Its solution is alkaline and bitter. Placed on the tongue, the part to which it is applied loses its sensibility for several minutes. It neutralises acids, but its salts, with the exception of the hydrochlorate, are little susceptible of crystalisation.—*Liverpool Courier*, Dec. 6th, 1862.

OBITUARY.

THE LATE DR. JAMES RUSSELL.

"Many readers will have observed with regret the recent announcement of the death of Dr. James Russell, whose connection with Edinburgh seems to deserve to be recorded. Early in last century the son of a Peeblesshire laird established himself in Edinburgh as a practitioner of medicine. His son, James Russell, followed the same profession, but was removed from the practice of it by his appointment to the Chair of

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Natural Philosophy in our University;—he is mentioned by Playfair as among those teachers to whom he felt the most indebted. This Professor's son, also James Russell, true to the family traditions, although much associated in early, as in later life, with the eminent lawyers of that day, made surgery his profession, and became highly distinguished as a practitioner. Chiefly through his efforts the Chair of Clinical Surgery was instituted in the University; and he was the first to occupy it. But he was hardly less known in Edinburgh as a cultivated and accomplished gentleman, with a special interest both in art and science, and as an influential member of the Royal Society. And now his eldest son, the representative of the family, has been removed from among us, at a comparatively early age, for he was only sixty-one when he died (being related, on one or other side of the house, to three of our most eminent men—Dr. Black, the chemist, Sir William Hamilton, and Sir Walter Scott). Educated, with every advantage, in his father's profession, Dr. Russell early abandoned practice, on which he was not dependent, and devoted himself to works of Christian beneficence, chiefly perhaps among the humbler classes. Of liberal views and public spirit, which were a part of the family inheritance, he was well known as an upright, generous, honourable, Christian man, ready to help every good work. He was married, early in life, to a daughter of Lieutenant-Colonel Burnett of Oadgirth, who survives him, with a family, of whom the eldest has recently graduated in medicine, being thus the *fifth* in that profession, lineally descended from the first of the family, who began the practice of it in Edinburgh about one hundred and fifty years ago."—*Scotsman*, Nov. 27th, 1862.

We take pride in our *Medical Alma Mater*, and always recur with gratitude to Edinburgh—AULD REEKIE—out of whose smoke and *old-town-dinginess* have leaped forth brilliant geniuses. There are many historic names in its School of Medicine, at one time the first in the world, and now only not the first because its glorious example has stimulated other schools to equal, if not to surpass it. BLACK, CULLEN, the MONROES, the GREGORIES, and a host of other worthies of the olden time, at once suggest

themselves to our memory—neither last nor least are the RUSSELLS.

We insert this obituary notice of an excellent man of an excellent stock, out of respect and regard for his brother, our no less excellent colleague, Dr. RUTHERFURD RUSSELL.

DISPENSARY REPORTS.

CHELTENHAM HOMŒOPATHIC DISPENSARY.

Medical Officer—H. HASTINGS, M.D., M.R.C.S., L.S.A., &c.
Treasurer—COUNTY OF GLOUCESTER BANK.
Secretary—W. BURRELL, Esq., Retired Surgeon.
Chemist—Mr. WHEELER.

Number of patients attending during the month of October	68
Paying 2s. 6d. per month	3
Admitted on Subscriber's recommendation	60
Discharged cured	23
Relieved	10
Still under treatment	30

Number of patients attending during the month of November	53
Admitted on Subscriber's recommendation	53
Discharged cured	25
Relieved	5
Still under treatment	40

USK HOMŒOPATHIC DISPENSARY, MONMOUTHSHIRE.

Patron—HIS GRACE THE DUKE OF BEAUFORT.
Patroness—HER GRACE THE DUCHESS OF BEAUFORT.
Medical Officer—W. H. WATTS, Esq. M.R.C.S.Eng.

Cured and much benefited	69	
*Ceased attending, results unknown	48	
Dead	2	
Remaining on the Books	15—	134
Those admitted on Subscriber's tickets	57	
Those admitted on Subscriber's recommendation	77—	134

N.B. This Dispensary was opened November 15th, 1861.

* I have no doubt many of these poor were relieved, but omitted calling to report the result.

DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P., Lond., &c. Evan Fraser, Esq., L.R.C.S. Edin.

Treasurer—John Skilbeck, Esq.

Honorary Secretary—John L. Seaton, Esq.

Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of October	558
Paying 1s. 6d. per month	249
Admitted on Subscriber's recommendation	66
Discharged cured	45
Relieved	15
Ceased attending; result unknown	12
Still under treatment	243

Number of patients attending during the month of November	563
Paying 1s. 6d. per month	306
Admitted on Subscriber's recommendation	36
Discharged cured	65
Relieved	3
Ceased attending; result unknown	25
Still under treatment	249
Visited during the month at their own homes	6

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayner, Dr. Drummond, Mr. Blackley, Mr. Howden. House Surgeon—Mr. Edward Calvert.

Treasurer—P. F. Willert, Esq.

Secretary—Arthur Neild, Esq.

President—Joseph Heron, Esq.

Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of November	1242
Paying 1s. and 1s. 6d. per month	184
Admitted on Subscriber's recommendation	38
Prescriptions dispensed	1417
Visited during the month at their own homes	175

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

BOOKS RECEIVED.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Drysdale, Dr. Wright, Dr. Stokes, Dr. Hayward, Dr. Roche, Mr. Moore, Mr. Gelston, Mr. Willans.—Dr. Geoghegan, House Surgeon.—Mr. T. D'Orville Partridge, M.R.C.S., Assistant Surgeon.

Treasurer—Mr. J. J. Edgar. *Secretary*—Mr. S. J. Capper.

Chemists—Messrs. Thompson & Capper.

The number of patients prescribed for at this Institution during the month of November was as follows:—

New patients	438	
Old "	1565	
Total	2003	
The number of visits paid	161	
The number of patients visited		2164

Cases of Scarlatina treated at the Liverpool Homœopathic Dispensary, from January to December, 1862:—

Cases in all		49
Cured	45	
Died	3	
Ceased attending	1	
Total		49

T. D'Orville Partridge, M.R.C.S.,
Assistant Surgeon.

Liverpool, 16th Dec., 1862.

P.S. I may also state that the three deaths occurred *all* from the parents' neglect in not sending for advice at once; all had been ill for two to three weeks before being seen, and were in the last stage when seen.—T. D'O. P.

Dispensary Reports Received.—Cambridgeshire Homœopathic Dispensary. Cardiff Homœopathic Dispensary. Penzance Homœopathic Dispensary.

BOOKS RECEIVED.

Remarks upon Archbishop Whateley's Letter on Medical Trades' Unions, by William Bayes, M.D., &c.

Air and Water: their Impurities and Purification, by Henry Bollmann Condy.

Diarrhœa and Dysentery, by P. P. Wells, M.D.

Annals of British Homœopathic Society and of the London Homœopathic Hospital.

The American Homœopathic Review.

Allgemeine Homöepathische Zeitung.

Journal du Dispensaire Hahnemann de Bruxelles, publié sous la direction du Dr. Mouremans.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE PAST—THE PRESENT—THE FUTURE.

SEVENTY-THREE years ago, Samuel Hahnemann, while engaged in the task of translating Cullen's *Materia Medica* into German, was led into certain speculations as to the *modus medendi* of Peruvian bark, in intermittent fever.

At that time, as in the present day, medical men were generally content to regard bark as a drug having specific powers for the cure of certain forms or types of fever: Hahnemann, however, sought the secret of that specificity.

In prosecuting this search, he was happily led to an examination of the effects of the drug on his own person—he being, at the time, in a state of perfect health. The result was the establishment in him of a group of symptoms, bearing a striking resemblance to those for which it was known to be remedial. We learn from the writings of Hahnemann, that almost immediately before he commenced these experiments upon himself, he had been treating cases of tertian and of quotidian fever, whose indications would, therefore, be fresh in his memory.

This was the starting-point in the working-life of homœopathy. From the time of Hippocrates, certain foreshadowings of the law of *similars* had been observed by medical philosophers; Hippocrates had introduced *similia*

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similibus curantur as the minor canon in his code of healing; "it was hinted at in his peculiar mystic way by the much-decried but talented Paracelsus, and has been occasionally enunciated by esteemed medical men—among the rest by Boulduc, with respect to the power of purgatives to cure diarrhœa; by Detharding, with respect to the colic-relieving power of the colic-causing senna; by Van Störck, with respect to the virtues of the mania-producing stramonium in mental disorders; and by the Dane Stahl, with respect to all remedies;"—but it remained for Hahnemann to give life and working-power to that which had hitherto been little more than a doubtful hypothesis.

We all remember how, some months ago, the *Medical Circular* rejoiced, because a writer in the *Literary Gazette* had proclaimed that Hahnemann was not the discoverer of the homœopathic law—for, quoth he, in 1734, Michael Albertus, of the University of Halle, had published *Dissertatio de Curatione per similia.* "What will the homœopaths say," asks the admiring editor of the *Medical Circular,* "to the ruthless manner in which the critic despoils Hahnemann of his borrowed plumes?"

Had the critic of the *Literary Gazette* or the editor of the *Medical Circular* taken the trouble to read the works of Hahnemann, they would have seen how carefully he had noted down numerous instances, from the days of the sage of Cos to his own time, in which any reference was made to the existence of the law of similars. At page 107 of the Introduction to his celebrated *Organon* (Dudgeon's translation), Hahnemann refers to the following observations by the Danish physician, Stahl:—"The rule generally acted on in medicine, to treat by means of oppositely acting remedies (*contraria contrariis*) is quite false, and the reverse of what ought to be. I am, on the contrary, convinced that diseases will yield to and be

cured by remedies that produce a similar affection (*similia similibus*): burns, by exposure to the fire—frost-bitten limbs, by the application of snow and the coldest water—inflammation and bruises, by distilled spirits; and in like manner, I have treated a tendency to acidity of the stomach by a very small dose of sulphuric acid, with the most successful result, in cases where a number of absorbent remedies had been fruitlessly employed."

As Hahnemann has evidently referred, without anything like reticence, to many, and most probably to all, with whose writings he was acquainted, who, before his day, had acknowledged the existence of the law of *similars*, it is highly probable that he had never seen the thesis of Albertus. One of his most accomplished followers and exponents, however, has not overlooked its existence, and, years before the critic of the *Literary Gazette* had made his wonderful discovery, Dr. Dudgeon had spoken of it.

In that gentleman's first lecture, delivered at the Hahnemann Hospital in 1852 (published by Turner in 1854), we find the following remarks:—"An ancient theologian, Johann Arndt, who died in the year 1621, thus gives testimony, in one of his sermons, to the prevalence of a certain kind of homœopathy among the physicians, his contemporaries: 'And as the physicians sometimes cure *contraria contrariis*, opposites with opposites, so,' etc.; 'but sometimes the doctors cure *similia similibus*, likes with likes, poison with poison (as in theriac), so,' etc. This passage proves that the occasional homœopathic practice and theory of physicians was a matter of common notoriety, and was used as a familiar illustration by popular preachers; and that the relative value of the allopathic and homœopathic principles formed an occasional subject of discussion, in those days, is evident from the following theses: J. Petri Angermanni, præs. J. Frank de nobili

illâ questione: an contraria contrariis, vel similia similibus curentur: Upsala, 1641; and, Dissert. de curatione per similia: Præside M. Alberti, respond. F. A. La Brugniere: Halæ 1734, of which I regret that I can only give the bare titles."*

We believe that, but for the happy idea of trying medicines upon the healthy body, the homœopathic law, even in the hands of Hahnemann himself, would have remained a dead letter, as it did in those of Stahl, and others who had advocated its truth. The proving of drugs upon the healthy organism is the exponent of the law. Struck by the similarity of the symptoms of intermittent fever and those produced by cinchona, in his own person, Hahnemann entered warmly upon his laborious investigation. Listen to the account which he gives of the process of reasoning by which he first commenced to find his way:—"How canst thou ascertain what morbid states medicines were created for? Thou must, thought I, observe how medicines act on the human body, when it is in the tranquil state of health. The alterations that medicines produce in the healthy body do not occur in vain; *they* must signify something, else why should they occur? What if these alterations have an important—an extremely important signification?—What if this be the only utterance whereby these substances can impart information to the observer respecting the end of their being?—What if the changes and sensations which such medicine produces, in the healthy human organism, be

* Dr. Dudgeon, in his interesting work, gives examples of the prevalence of a recognition of a *quasi* homœopathic principle, even among poets and non-medical writers. We may venture to add the following couplet, ascribed by Burton (*Anatomy of Melancholy*) to Petronius Catal:—

"Julia sola potes nostras extinguere flammas,
Non nive, non glacie, sed potes igne pari."

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the only comprehensible language by which—if they be not smothered by severe symptoms of some existing disease—it can distinctly discourse, to the unprejudiced observer, respecting its specific tendencies; respecting its peculiar, pure, positive power, by means of which it is capable of effecting alterations in the body—that is, of deranging the healthy organism, and, when it can cure, of changing into health the organism that has been deranged by disease. This is what I thought.

"I carried my reflections further. How else could medicines effect what they do in diseases than by means of this power of theirs to alter the healthy body? (which is most certainly different in every different mineral substance, and consequently presents in each a different series of phenomena, accidents, and sensations). Certainly in this way alone can they cure.

"But if medicinal substances effect what they do in diseases *only* by means of the power, peculiar to each of them, of altering the healthy body, it follows that the medicine among whose symptoms those characteristics of a given case of disease occur in the most complete manner, must most certainly have the power of curing that disease; and in like manner, that morbid state which a certain medicinal agent is capable of curing, must correspond to the symptoms this medicinal substance is capable of producing in the healthy human body. In a word, medicines must only have the power of curing diseases *similar* to those they produce in the healthy body, and only manifest such morbid actions as they are capable of curing in diseases.

"If I am not deceived, I thought further, such is really the case; otherwise, how was it that those violent tertian and quotidian fevers, which I completely cured, four and six weeks ago, without knowing how the cure was effected, by means of a few drops of cinchona tincture, should pre-

sent almost exactly the same array of symptoms which I observed in myself yesterday and to-day, after gradually taking, while in perfect health, four drachms of good cinchona bark by way of experiment?"

With this master-key to the discovery of the properties of medicines and their analogous disease-symptoms, Hahnemann continued to experiment and to investigate, with the most untiring industry. He was, however, the subject of the keenest persecution. In the various towns in which he attempted to settle, the Apothecaries' Act was put into force, in order to prevent him from preparing his own medicines; and as the ordinary pharmaciens could not and would not dispense or prepare them, this amounted to a virtual expulsion. In 1799, he was thus driven from Königslutten; and about 1821 he was expelled by the same trick from Leipsic—the Leipsic which has since given him a statue.

At length, however, he found a retreat at Cœthen, under the protection of the reigning prince of Anhalt Cœthen. It was now Hahnemann's fortune to prove the value of homœopathy upon the persons of several princes and nobles; and by their influence, the obstructive Apothecaries' Acts became repealed in various parts of the Continent, and the practice of homœopathy legalized. "Bohemia granted this liberty in 1821, Russia in 1823, France in 1835, Austria in 1837, Prussia in 1843; and although there was no special act against the practice in Great Britain, it was not directly legalized until 1858.

"Homœopathy was introduced into England about the year 1827, by Dr. Quin, who, however, did not settle in London until about 1833. The system was introduced into America in 1825. At this moment the number of qualified practitioners in Europe is not less than 1000, of whom 213 reside in Britain; in America it is believed

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that there cannot be less than 3000 practitioners. Of the European practitioners, 45 are professors in universities, and 20 are court physicians—the King and Queen of Hanover, the Grand Duke of Lucca, Prince Lichstenstein, the Duke of Anhalt, the Duke of Parma, Archduke John of Austria, the Prince of Prussia, and the Queen of Spain being among those who consult homœopathists.

"There are 8 hospitals in Russia, 4 in Austria, and others in different parts of the Continent; and in Great Britain there are two hospitals and 56 dispensaries."

Such are the past and the present of homœopathy. Its influence is spreading far and wide—slowly, perhaps, but surely. Its success is shewn in the constant and untiring rancour of those who feel its principles a reproach to their crude and unsystematic mode of treatment; its value is seen in the power which it has indirectly exercised upon the practice of the allopathic school, and upon the doses of the *quasi* orthodox practitioners. The truth of a system is not to be measured by the rapidity of its progress, nor the magnitude of its earlier successes. A dogma may involve an essential truth, and yet its reception may be slow,—*slower* than that which may mark the acceptance of a glaring error. The doctrines of Islamism found favour more rapidly with the world than those of the true Messias;—Heathenism still grasps the throats of the majority of the human race! Let us remember the old stories of the slow but ultimate triumph of once-rejected truths; let us not forget Galileo, Harvey, and Jenner, nor be discouraged because homœopathy is, for the present, the medicine of a minority!

On the whole, we have much cause for gratulation. *Homœopathy is progressing.* The allopathic press has slain it many a time and oft; yet it still lives to reprove, to teach, to save.

We have on former occasions pointed out the peculiar

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obstacles which no doubt contribute to the slowness with which homœopathy may appear to progress.

There is one obstacle which is not peculiarly opposed to homœopathy, but must obstruct any introduction of a reform in medical practice. We allude, here, to the intimate and friendly relations which exist—and properly so—between medical men and patients. Seneca strongly warned his friend Lucilius against changing his physician —"*nihil ita sanitatem impedit;*" but, among the educated classes, stronger than any fear of injury to health, is often found the band of social intercourse and friendship. To change, therefore, not merely one's medical adviser, but to embrace a system which is branded as a quackish imposture, demands almost more than mortal courage.

Another cause of retardation is the objectiveness of the *small dose* to the exercise of ridicule. To those who cannot or who will not distinguish between the chemical or mechanical properties of matter and their dynamical forces, the *small dose* must appear extremely ridiculous—so much so as to prevent many from applying to homœopathy the simple test of experiment. This we believe is, for the present, the greatest bar to progress. On this subject a medical opponent can always safely enter; and unless he is met by one even sparingly versed in natural science, he can laugh to scorn a great and easily-confirmed truth. *Small doses,* forsooth! Tell the caviller, of the *minima* revealed by spectrum analysis —of the minute doses of chloride of sodium in the atmosphere which, according to Kirchoff and Bunsen, "even *in almost infinitely small quantities,* may not be without influence upon the spread of disease." (*Phil. Mag.*)—Speak to him of the minute doses in mineral waters, so powerful in their remedial action—of the invisible, imponderable particles of vaccine lymph, which traverse every cell in the human structure and fortify them against

the poison of small-pox—of marsh miasm, material, but infinitesimal—of the inappreciable quantities of carbonate of lead which are sufficient to produce colic and paralysis; —remind the caviller, of these things, and ask why an infinitesimal portion of a powerful drug should be any more inert than an infinitesimal portion of scarlatina poison?

What shall we say of the future? Are the ranks of devoted homœopathic practitioners ever to be filled only by the converts from the old system of medicine? But for its limitation, better would it be for the public if such could be the case; for we declare, with pride, that a more accomplished and a more glorious army of experienced practitioners never stood side by side in the cause of truth and justice. Educated in the learning of the orthodox school, each physician has added to his store the more difficult study of the law of healing by similars. Side by side, he and his allopathic colleagues have sought and won their academic honours—what *they* know, *he* knows; but he has passed beyond them—he has sought "fresh fields and pastures new;" and while his allopathic brethren contemn his adopted system unjustly and illogically, because they have no knowledge of it, he, in attacking the unsystematic guesses of allopathy, speaks of what he must of necessity have tried. In this he has an advantage to be envied.

However, the present race of homœopathic practitioners cannot last long. Is homœopathy to have its separate schools, colleges, and universities? Is it in this way that young and fresh hands are to be obtained to fight her battles? Or is a glorious truth still to be supported, as now, by those alone who have the courage to step from the ranks in which, for years, they have formed friendships and attachments, so difficult to sunder?

ACUTE HYDROCEPHALUS.

We have no fears as to the eventual history of homœ pathy. There may be no violent convulsion in the medi world—no "nation born in a day"—no public id breaking; but, as surely as we believe in the perduran of truth, so do we feel assured that in the course of even all will acknowledge and adopt the law of healing similars. Our opponents make the bitter confession, dai that they have no law to guide them. Each practition does what "seemeth right in his own eyes." No t men treat the same case alike: bleeders and anti-bleede wrangle and fight—the treatment of one man is derid by another; but homœopathy is founded on one Nature's immutable laws, and the records of the pa and the experience of the present prove how vast is t life-preserving power which that law contains.

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By Arthur de Noé Walker, Esq., M.R.C.S.E.

The vague and variable symptoms which usually ush in this disease, generally render a very early diagnos unattainable. This is more or less true of every case hydrocephalus; but especially so, when it assumes, as did in this instance, "the nervous and gradual form the type most frequently met with in young person When the local pathogenetic action sets in with cle evidences of local inflammation, or even simple vascul excitement, the diagnosis is a little easier; but in t form alluded to, it is often so insidious, or is so mask by other symptoms common to so many other morb states, that whether the disease be idiopathic or "secon ary," it frequently eludes the perception even of tho who do not practise in a hurry, or who do not pretend know, or to talk about the nature of things without havi

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taken the *trouble* to study them. Not even an intuitive aptitude for recognising the seat and nature of disease, valuable and rare as the gift is, can ever take the place of patient analysis and of reiterated observation.

The physician's safest guard against surprise is simply to bear in mind, in a general way, the liability of all children, and especially male, to this affection, and to look suspiciously therefore on any persistently vague symptoms, not readily referable to any other morbid state. This precept will be found of real service in the premonitory stage of this affection, and if borne in mind, may prevent surprise, or probable disaster, especially in cases when the patient is too young to describe his symptoms, or when hydrocephalus is not very acute, or when it generates a group of symptoms, or disturbs functions distant from the actual seat of the disease.* Sometimes one characteristic symptom alone, although accompanied by many others of an uncertain or variable nature, may in their totality assume a positive value, by the very vague and negative character they present, and thus an almost certain diagnosis may be established, *per viam exclusionis*, aided perhaps by a *therapeutical criterion:* for if we find that the use of agents homœopathically analogous to the symptoms of the case do not affect them, then we shall possess another, although negative, proof confirmatory of the probable or certain existence of hydrocephalus. *Ipecacuanha, e.g.*, has no kind of effect on the sickness incident

* The writer remembers a fatal case of hydrocephalus, which made a profitable, although painful impression on his mind He was at the time living in part of a large house, occupied by a little niece of the Countess Guiccioli. The surgeon, now in attendance on Garibaldi, believing, or assuming that the child was suffering from worms, gave her *santonine.* During the three following days the patient got worse. On the morning of the fourth day, the real nature of the case was discovered; but in the evening of the same day she died.

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to this disease, wherein many, if not indeed most of tl distant symptoms and disordered functions are the simp result of a disordered innervation, emanating from tl diseased centre.

In the present case, however, a definitive diagnosis w easily attained after the first week of premonitory sym toms, inasmuch as the patient had always enjoyed go health, and no antecedent disturbance of any kind existe likely to divert the attention and mislead the judgment the medical attendant.

The patient was a male infant, five months old, born healthy parents, both German. Parturition was easi accomplished, although the mother was a primipar Before consigning the child to the nurse, it was, as usua carefully examined, and all its parts found perfectl developed, save that the orifice of the urethra was ol served to be partially occluded, but not to any importa extent.

During the first week of the attack the child wane became listless, and refused to take notice of the devic and gesticulations usually recurred to, in order to amus him. The mother, unsolicited by any apposite leadin questions, several times observed to me, that before th period, the child had shown unusual intelligence an vivacity.

During the second week, the symptoms took a mor decided form. The child would not sit up, or allo itself to be carried in a sitting posture; but would eithe lie still in its cot, or horizontally on his mother's la The pupils were slightly contracted. Very marked in tolerance to noise of any kind, and disinclination to move so much so, that whenever it was necessary to do so, i was accomplished as gently as possible. No fever o vascular excitement of any kind could be detected.

On or about the fourteenth day, the symptoms wer

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instructively marked. There was increased irritability; greater disinclination to move; constant vomiting; the intestinal evacuations uncommonly fetid, and not sufficiently frequent, with scanty urine; total inability to sleep, with an occasional frown on the brow. In confirmation of the few preliminary remarks noted at the commencement of this paper, I would here observe, that up to this period, the case did not present a single pathognomonic symptom, and might have been looked upon as a general disorder of the assimilative functions, very common in all infants. I should also add, that as the parents were neighbours of mine, I had every facility of bestowing unusual attention to the case, otherwise I might, even at this period, have been deceived.

On the seventeenth day the parietal bones became palpably and visibly divaricated, and the countenance assumed an aged and worn appearance. Vomiting of food was incessant. Neither at this period could any general or local vascular excitement be detected. On this especial point, I beg to offer the following clinical observations:—

First, That total absence of fever is by no means uncommon in hydrocephalus; it is true that this has often been adverted to, but not with sufficient emphasis. Secondly, That whether the case be one of phrenitis in the adult, or of hydrocephalus in childhood, when fever is present, its intensity is *never* in proportion to the intensity of the local morbid state. Thirdly, I have more than once observed, that of two physicians attending the same case, one announced the presence of fever, while the other denied it. In such cases, if it is deemed important to determine the question, in order to facilitate the diagnosis, or peradventure to select a remedial agent, we should, in the first place, turn our attention to the pulse, which, although it may not be increased in frequency, may nevertheless, be found "contracted." Turning next to

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the secretions; if we find the external surfaces of the sk dry, and the solid parts of the urine above the average normal amount, and if the relative quantity of phosphates are in excess, we may declare for the presence of fever oppressed, indeed, by disturbed or deficient innervation while the relative excess of phosphates may certify a previously doubtful diagnosis.

Up to the twenty-fifth day of the attack *belladonna* was the only remedy prescribed. The symptoms, at certain intervals, were again and again gathered up and grouped but no other agent was more clearly indicated; and in this instance, it was not expected to display its curative efficacy before the lapse of a fortnight. On or about the seventeenth day, something like a decisive change was observed. Some quiet sleep was obtained, and the food was not invariably rejected; while on the other hand, the size of the head, and general irritability had not increased. On the twenty-fifth day, its mother, who, by her patient and quiet confidence, eased the anxiety always experienced in these cases, remarked to me, that prior to this attack, the child excreted a considerable amount of saliva, and always insisted on having something between its gums; but that from the commencement of the attack the flow of saliva had ceased. The gums were then again examined, but found to be neither hot nor painful. Still, I deemed the remark worthy of particular attention, although teething, whether as a predisposing or immediate cause, had not been overlooked. The reader, on this particular point, may advantageously peruse some lengthy remarks lately made by the president of the Odontological Society. Speaking generally on dentition, he wisely remarked, that it was not so much the growth of the teeth through the soft parts that often caused so much disturbance and danger. The more likely cause was due to the simultaneous germination of a set of teeth in the substance

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of the bony tissue, in the immediate vicinity of the dental nerve. During dentition, the "vital action" going on is often very exalted, and a powerful reflex action is frequently and permanently kept up through pressure, immediately on, or in the vicinity of the main dental branches of the trigeminus, encased in an unyielding bony canal. It is quite true, that lancing the gums sometimes gives relief; but this, as was rightly observed, does not invalidate the above assertions. The substance of the observations of the learned president are quoted from memory, but, I believe, correctly.*

Bearing this in mind, and assuming it to be possible or probable that the morbid state might either be induced or aggravated by the initial process of dentition, *calcarea* 18 was given every forty-eight hours, to encourage the growth of the teeth, while the *belladonna* was daily repeated, and administered late in the afternoon. During the subsequent ten days, a rapid improvement set in; the size of the head diminished, the sickness ceased, and a certain amount of saliva re-appeared. This improvement continued unto perfect recovery.

One case is not, of course, sufficient to establish the worth of *calcarea* in similar states, although we are all aware that it does greatly encourage the deposit of earthy parts in the hard tissues, as the writer once verified in a

* The experiments of Dr. Brown-Séquard prove, that if the renal plexus is excited, the effects are just the same as if a section of a lateral column of the cord had been affected. Again, if the spinal cord is exposed, and a couple of nerves on both sides are excited, paralysis and anæsthesia of the posterior extremities will ensue. This confirms, in a satisfactory way, that which clinical observation had amply proved, viz., the eccentric origin of tetanus, many cases of paralysis, convulsions from teething, &c. &c. It is truly surprising what a very slight amount of eccentric irritation, may cause an almost total extinction of the functions of the cord, and consequently of many parts below the point subject to the reflex action.

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remarkable instance of obstinate disunited fracture of the femur. As to the action of the *belladonna*, it was too marked to admit of a doubt as to its effect on the cerebral masses; and although the prognosis was, of course, guarded, the writer felt that throughout the attack, owing to the homœopathic action of that drug, he never lost control over the disease, and that its efficacy effectually prevented it from running into what is properly called the third stage. I have remarked that no local or general vascular excitement of any kind could be detected, and I will now add, that on the contrary, the temperature of the whole head, but especially across the forehead, was often much reduced. This, however, did not, and never does contra-indicate *belladonna*. Ponderable doses of *belladonna* produce, in the first place, excessive vascular excitement of all parts of the brain and face; if "the proving" is continued, the reactionary power of the nervous centre is exhausted, and coldness and depression set in, reducing the cerebral masses to that particular state often met with in many cases of hydrocephalus.

If *belladonna* had not proved homœopathic, it was my intention to have administered *hyoscyamus*. Beside its pathogenesis, as recorded by the great Hahnemann, I felt partially confirmed in reserving this agent, by an incidental remark made by a Swiss physician, whose care and attention is exclusively bestowed on the subjects of "Cretenism." "The little Countess A.," he says, "seven months old, came to us, in 1844, in a dying state. Her head was of an enormous size; her face pale and deadly. She could neither stand nor articulate. My own desire was to render her last moments easy, and to that end I gave her the *essence of hyoscyamus* in considerable quantities, when, to our surprise, the worse symptoms disappeared." She ultimately attained to a nearly perfect state of health of both mind and body.

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I have said that this observation only *partially* confirmed my intention to use *hyoscyamus*, because in reading or hearing of cases, successfully or *unsuccessfully* treated by certain means and measures, we must remember that although diseases must of course have certain names, whereby their seat and general attributes may be apprehended, we must, if we desire to benefit by our own, or by the experience of others, bear in mind that it is not a *name* that is treated, but a morbid state generating and manifesting itself by a group of symptoms, which are not invariably the same in every morbid state bearing the same name. Thus, it is not every case headed *acute hydrocephalus* that indicates the use of *belladonna*, but this case is recorded to show that a case of acute hydrocephalus, accompanied by certain symptoms, as above detailed, gave way to the action of *belladonna*. Hence, the homœopathic physician often asks himself, when dealing with disease, "By what means or agent could I produce a set of symptoms similar to those generated by the morbid state now before me?" I need not, of course, lengthen this paper by rebutting the silly charge made against us by the "Orthodox," that we ignore all diagnosis, and attempt to treat symptoms, and not disease. The diagnosis being, when practicable, clearly established, we select a remedy to neutralize the disease, according to the symptoms it gives rise to. Anatomy and pathology, but especially clinical experience, is of the utmost use to us. We know, for example, many drugs that generate a state manifesting itself by symptoms similar to acute bronchitis, yet we generally prefer, or begin with either *phosphorus* or *bryonia*, because clinical experience has proved, that not all, but certainly most cases of inflammatory bronchitis are generally more akin to what I may call phosphoric bronchitis, than that produced by other drugs. But the morbid state called bronchitis shall not

be the same three weeks hence, *exempli gratia*, as it during the first week of the attack, although the dis bears the same name. Hence, *we* treat a *disease*, and a name, as the Schoolmen do, and vary our reme agents according as the disease varies in various in duals, and in its various stages. So true is this, that in some diseases, generated by what is called "spe poison," such as scarlet fever, we do not always *belladonna;* for eruptive fevers sometimes run an gular course, and must be combatted, *strictly* so, acc ing to the symptomatology of the case. These thing quite within the range of common sense, unaided either a scientific or a general education; but man the "wise" are too enthralled by their own reputatio wisdom to see these things in the light of common sen a sad and recent example of which, I will give in a n

Finally, I will close this paper with a few words o doses I administered in this case. I gave five globul the *belladonna*, 12th dilution, every evening until I satisfied that improvement had taken place. The m cine was then discontinued generally for twenty- hours, and never more than for forty-eight, for by time, either the improvement did not increase, or overcome by the nosogenic action of the disease. medicine was then resumed. On one occasion, I one drop of the tincture in twenty-four hours. *Calca* like one or two other substances, is homœopathically i unless reduced to a high dilution, and I would obje use it under the 12th. As respects the alternation repetition of the dose generally, the following, an other modifying contingencies, must be borne in m In chronic cases, if the patient fares sumptuously, eats and drinks everything that is put before him, e the dose must be increased in quantity, or better oftener repeated. In the rural districts of Scotland

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Lancashire, where the diet is invariably oatmeal and milk, the writer found that small doses and high dilutions were positively indispensable; but in towns, where the diet is usually very varied and often adulterated, and patients insist on taking fermented beverages, the dose must be repeated much oftener, unless, of course, the social condition of the patient obliges him to live on the simplest food, and does not smoke tobacco. I have never yet had recourse to ponderable doses, except when *arnica* or *cannabis* has been prescribed; but if I am ever induced to hope for a curative result from a purely pharmaceutical action, I would take care to subdivide the drug very minutely, and administer it in divided doses, and always in a simple or elementary state. Sometimes I subdivide and apply a few remedial agents by fumigation, but only in chronic diseases. This reminds me that in chronic hydrocephalus, Dr. Lister (see *British American Journal*, September 1862) states, that he has cured fifteen cases of this complaint by the internal use of *iodide of potassium*, and the external application of the simple tincture to the scalp. He speaks in glowing and grateful terms of these means. This, and similar observations, emanating from the allopaths, must be wisely dealt with, for if we give them any value beyond that of simply suggesting a study of the pathogenesis of *iodine*, we shall often be disappointed. The way the Schoolmen assail and knock both patient and his disease about, is such, that when success follows their efforts, it is due to a destructive blow to both the sound and the diseased parts, and if the remedies do not happen to be very strong or "cumulative," or if the patient himself happens to have a robust constitution, he may recover. Such, however, is always not the case, as the reader will learn by perusing the following

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NOTE.

Before I had written the whole of the above remarks, I had an opportunity of reading the *Lancet*, of the 22nd November, wherein the editor publishes a case of "*rheumatic fever, followed by metastatic chorea,*" treated by "Isaac Baker Brown, junior, Esq.," under the direction or with the assistance of a Dr. Robbs. Before I proceed I would observe that both these gentlemen appear to have paid great attention to the case, and to have shown a more than ordinary solicitude in behalf of their little patient. My object is to expose, as it is ever my intention to do, the doctrines and teaching, the Schoolmen embue their disciples with, before they throw them on the public: and this I do, not because their practice is not homœopathic, but because their practice generally causes a greater mortality than would otherwise be the case. Many "cases" published by the weekly allopathic journals cannot be contemplated without exciting feelings of great indignation; but the following case is so sad and so outrageous, that a perusal of the treatment inspires an unqualified feeling of sorrow.

The patient was 9 years of age, and the only daughter of respectable parents. The following is the consecutive order of the prescriptions up to the child's decease:—

1st day. An emetic draught, containing *ten grains of ipecacuanha,* followed by an *aperient* in the morning, also a *mixture* containing *liquor of acetate of ammonia,* half-an-ounce; *spirit of nitrous ether, antimonial wine,* of each a drachm; *syrup,* half-an-ounce; *infusion of senna* to four ounces—half-an-ounce every four hours.

2nd day. In the morning—*chlorate of potash,* one drachm; dilute *hydrochloric acid,* one drachm; *chloric ether,* half-a-drachm. At bedtime—a *pill* containing *mercury* and extract of *henbane,* of each one grain, and three grains of the *compound extract of colocynth.*

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3rd day. In the morning—a *spirit-of-wine* and *ether lotion* to the head, and "continue treatment!" At night —*tincture of sumbul*, half-a-drachm; *colchicum wine*, ten minims; water, one ounce.

4th day. *Bi-carbonate of potash*, four scruples; *iodide of potassium*, six grains; *tincture of hyoscyamus*, one drachm; *colchicum wine*, half-a-drachm; *infusion of calumba* to three ounces, half-an-ounce to be taken with *each pill*, every three or four hours. *Mercury, with chalk*, three grains; *compound ipecacuanha powder*, one scruple, to make six pills—one to be taken with each dose of the mixture. *Tincture of opium and chloroform*, of each, two drachms; *compound camphor liniment* and *soap liniment*, of each one ounce; "also to *drink freely of lemonade*," &c.

5th day. Same prescriptions, with the addition of four drachms of *castor-oil!!*

6th day. The same treatment continued!!

7th day. *Repeat mixture*, omitting the *tincture of hyoscyamus*, and adding *tincture of opium*, forty minims; *mercury* with *chalk*, three grains; *compound ipecacuanha powder*, half-a-drachm. Make six pills; one to be taken with each dose of the mixture.

8th day. *Biborate of soda*, one drachm; *liquor of acetate of ammonia*, one ounce. In the evening—a *draught* with *Battley's solution*, fifteen minims. To be repeated every fourth hour if necessary.

9th day. Twenty minims of *opium wine; bicarbonate of potass*, two drachms; *colchicum wine, opium wine*, of each, one drachm.

10th day. Acting on the advice of Dr. Baker Brown, senior, Dr. Robbs swathed the child in a hot, wet sheet, and packed in flannel, and gave a couple of draughts of a *nostrum* called *chlorodyne*. At nine o'clock all rheumatic pains had vanished, but symptoms of chorea set in.

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Extract of belladonna, one grain; *valerianate of zin* four grains—into eight pills; one every fourth hou *Liquor Cinchona*, thirty minims; water, six ounces. O every fourth hour.

11th day. Same treatment continued.

12th day. *Zinc* and *belladonna* discontinued. *Ca bonate of ammonia* and *ammonio-citrate of iron*, of eac half-a-drachm; four grains of *mercury with chalk* an *powder of rhubarb* at bedtime, followed by half-an-oun of *castor-oil*, and ten drops of *oil of turpentine* in th morning.

13th day. In the evening, twenty-five minims *Battley's solution* in half-an-ounce of water immediately

14th day. "Had a few disturbed sleeps" (*sic*). T continue the treatment, and *repeat the aperients*.

15th day. No medicine!! But as considerable ex haustion set in, wine, brandy, and plenty of nourishmen was given.

16th day. Wine, brandy, and beef-tea, and a mixture containing *spirit of aromatic ether*. "At half-past four A.M.," continues Mr. Baker, "finding that nothing rallied her, in spite of all my efforts, I was forced to give up all hope of recovery."

She sank at six A.M.

Without the least affectation, I am persuaded that if the little girl had lived, it would have been a suspension of the laws of nature, which, I believe, is the proper definition of a miracle. A month ago, Professor Concato, Clinical physician at Bologna, observed that "history" would, at all events, do homœopathy the credit of having protested against the abuse of drugs; and only last week, the professor, who is not a homœopathist, alluding to a case of spherical aneurism of the aorta, observed, that his patient had been bled eight times with the lancet, again with thirty leeches; blistered in both arms, again in both

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legs; had taken *antimony, nitre, draughts,* &c. &c., "in short," said the professor, "before he entered this hospital, he was treated in a way that would have contented the most exacting allopath." See *L'Ebdomadario Clinico,* No. 22, 1862.

Now, in order that "history" may at least be aware that, in 1862, all medical common sense was not extinct, I will proceed to show why the above treatment *could not* succeed.

1st. Supposing all the pills, powders, and draughts had been specifics, or say, the most appropriate remedies; no human organism, whether nine years old, or of any other age, could ingest such enormous quantities of crude drugs without producing an absolutely organic damage to the whole of the healthy parts, while the injury done to them, utterly deprived nature of *any* effort to subdue the morbid action. If the reader will take the trouble to read the account of the case himself, he will observe that the child *never* improved, simply because "nature" could not do so with so much medicine in her.

2ndly. There *can* be but *one* specific for each individual morbid state; but supposing that all the pills, draughts, and powders had been each endowed with the power of acting *directly* on the rheumatic fever, they would, all of them, have had their essential qualities destroyed by being compounded together by the chemist. Secondly: If this had not been the case with each individual pill, or compound powder, the effect of throwing them all together into the healthy stomach was most disastrous. Thirdly: Supposing that none of these common-sense objections held good; if all the pills, draughts, and powders *had* been specifics, or could otherwise have acted *directly* on the morbid action, they must have acted on and disturbed *each other,* and left the disease to continue its progress and ravages. Fourthly: If even this objection was not a valid one, and

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the pills, draughts, and powders had really been the appropriate ones, they had no chance of effecting any good, for they were changed too often. The foulness of the evacuations referred to by Mr. Baker, was solely due to the quantity of foul stuff poured into the intestines.

3rdly. I will put the question as mildly as I can; but would ask, Is there any human being whose common sense has not been perverted by an "orthodox medical education," who is not perfectly convinced that the child would have had a much greater human chance of being now alive, if she had not been subjected to the above treatment?

4thly. Would not the merest tyro in homœopathy have been perfectly satisfied that he would have maintained uninterrupted control over the disease with a score of globules of *aconite* and *bryonia?* The metastasis was entirely due to the treatment.

5thly. Is there any homœopathic practitioner in the United Kingdom who would not be too glad to test the merits of his method of dealing with disease, by consenting to treat a hospital full of similar cases of *acute* rheumatism with or without fear.

6thly. I say nothing about surgical practice, which is very good; but is there any doubt at all that the general mortality of the country would be considerably diminished if the "orthodox practice of physic" were at once extinguished?

The above is a common place specimen of the sort of "clinical experience" which the *Lancet, Medical Times and Gazette,* and *British Medical Journal* regale their admiring readers with every week, *free of all comment.*

Last January, Dr. W. O. Markham, editor of the *British Medical Journal,* favoured its readers with the following extract, entitled MODERN MEDICAL SCEPTICISM:—

"We are going back to the old culture, and medical

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education must become broader and deeper. We can see this in the almost universal scepticism that prevails, regarding the power of medicine. Sir B. Brodie tells us that the success of homœopathy is due to leaving nature alone. Sir John Forbes writes a book, showing that the art of medicine is to trust in nature, and among our most experienced physicians a strong current of feeling, sometimes unacknowledged by themselves, has set in, which expresses itself in saying—'Throw physic to the dogs; I'll none of it.'" Now, this extract confirms, if confirmation were needed, that which I have been convinced of for many years, viz., that, as medical practitioners, the allopaths do not believe in their ownselves. But this is not the worst. They, nevertheless, continue to practise physic, not according to their unbelief in its efficacy, but as though they *did* believe it. They talk and teach about leaving nature alone. Why do they invariably interfere with her in every possible way? If it were not so, how could the editors of the *Lancet* publish such treatment as recorded above, without some sort of comment? Dr. Barnes or Dr. Clarke, or whoever may be the editor of that journal—for they take good care to publish their wilful misrepresentations and abuse of the homœopathists anonymously—strike me as being persons the least likely to encourage a non-interference with nature. The following will prove this assertion. During the last month of April, a medical practitioner wrote to the *Lancet*, declaring his embarrassment or scepticism, touching the virtue of drugs. The editor, of course, did not publish the letter, lest a host of other practitioners might be emboldened to proclaim an equal amount of embarrassment or unbelief, but he simply noticed "the communication" in his answers to correspondents. The following is a part of the moral advice bestowed on the sceptic—"We may repeat that at present, and until we get a footing on scientific facts, it is better,

as a matter of policy, to strain our credulity in respect the reported value of remedies, than to indulge in sweeping and unreasoning scepticism!"—See *Lancet*, April 1 p. 397. The purport of this advice is to the effect, tha "legitimate medicine" has no footing on *scientific facts*—that it is nevertheless expedient, in a pecuniary point of view, to strain our credulity in the reported value of its prescriptions, and not to discuss their merits; lest either their inefficacy or detrimental effects may become generally known, acknowledged, and reformed.

Without the least desire to boast, or to indulge in the dangerous folly of vain glory, I deliberately say—give me half-a-column a week of a daily newspaper, and sufficient means to meet the expense required for a moderate accounting of printing, and I will undertake, in about three years, to shove and upset the idol of "legitimate medicine" from its pedestal. Nothing is to be expected from its worshippers; but a lay agitation and opposition, properly worked, would soon accomplish it.

EFFECTS OF GLONOINE IN NEURALGIA AND OTHER NERVOUS AFFECTIONS.

By J. H. Nankivell, Surgeon, Penzance.

E. A. W., aged 23, is a tall, thin, pale girl; her teeth are much decayed from the effects of mercurial medicines given her by a farrier, who is, whilst going his rounds to visit unfortunate cows and horses, so benevolent as to prescribe for the owners of said animals. She enjoyed tolerable health until June 1861, when she was engaged one day in weeding a field; the sun was very hot, and there was a fresh breeze; she threw off her bonnet, and worked industriously until 9 P.M. From that time until July 7, 1862, she has been liable to pain in the gums of

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right cheek, and a jarring sensation, the attacks lasting about twenty-four hours; after the attacks she has ease for two or three days. The next sensation she felt was that of a stabbing in gums, on left side, continuing for two or three days, and succeeded by a short remission. The pains on right side were unabated. The malady became aggravated. The pains would commence in the gums, suddenly dart up to the head, then down through the neck, as if the glands were "catching up." The pains were so agonizing that she was compelled to shriek. Application of heat to the parts affected aggravated the suffering, but cold afforded some slight alleviation. When she came to the Penzance Homœopathic Dispensary, she had such a paroxysm of pain that her countenance was expressive of the utmost distress, and she wept bitterly. In addition to the above facts, I have only to mention that the catamenia were scanty.

July 7th. ℞ Tincture of *glonoine* 3, 1 drop in a little water every six hours.

10th. She is more cheerful, and thinks she is better; pains are less in gums and face, and appear to be shifting to the forehead.

14th. Last night, had a violent pain and beating in the head (*glonoine?*), but notwithstanding, is certain that she is much better; the neuralgic pains are not so severe, nor do they continue so long. To repeat *glonoine*, and take one dose of tincture *sulph.* 3 every night.

21st. The neuralgic pain has not returned, but there is occasional throbbing in left temple. To take of *china* 3, 1 drop every four hours, in water.

24th. The throbbing has nearly ceased. To continue the *china*.

28th. The throbbing has ceased, but she has occasionally a little headache when she leaves her bed of a morning,

and which gradually subsides. To take a few doses of *arsenicum* 3.

31st. The patient has made a good recovery. She has not reapplied up to the date of this paper, and it is to be presumed that the neuralgia has not returned.

Observations.—It may be said that this case is not one of complete cure by *glonoine*, inasmuch as other remedies were used; but it is very certain that the *glonoine* operation was by far the most important in bringing about the favourable issue. *Sulphur* was administered especially for its antipsoric qualities, whilst *china* and *arsenicum* were given to overcome the remaining troubles, which seemed to be characterized by periodicity.

E. N., a girl, aged 20. For three months she has suffered much from neuralgia. It was thought that the disease was brought on from her having several decayed teeth, and she applied to a dentist, who extracted two teeth for her, but without her experiencing any relief. The pain is felt only at night: she sleeps for a short time, when she first retires to rest, but soon awakes in great pain, which continues with varying intensity until morning, when it entirely ceases. The pain is on the left side; the malar bone is sore when touched. The pain is also severe under the eye and on the side of the neck; it is so distressing that she cannot refrain from tears. She was directed to take *glonoine*, 2nd and 3rd decimal dilution, alternately, and was very promptly and permanently cured. This patient was treated early in September last. She consulted me on the 4th of this month for an attack of indigestion, and I then learned that there had been no return of the neuralgic sufferings.

Mrs. A. B., aged 35, has for many years been subject to attacks of tic-douloureux on the left side of the face. She

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resided in India for some time, and during her sojourn there was exempt from this painful malady. She attributes this immunity to the dryness of the climate. In September of this year she had a return of the disease; it proceeded from bad to worse, so that, during the night previous to my being consulted, she had been compelled to walk to and fro in her room during many hours. She took *glonoine* 3, in drop doses, and was soon relieved. During the last week of October, the disease returned with much the same intensity as before. The *glonoine* was gladly taken again, and with the same good and quick effect. The patient characterizes the operation of this potent remedy as "magical."

C. D. is a young woman, aged 25, who has been truly a martyr to neuralgia. In our delineation of this case, it is to be regretted that we are not able to paint so much in rose colour as in those which have preceded; nevertheless, the case is instructive, and must be taken with all its demerits. It has been thought by many that a history of all our failures would be more instructive than that of our successes; it may be so, but perhaps a faithful picture of both would be most instructive.

The patient is of highly nervous temperament, and has been the subject of tic on the right side of the face and head for a period of two years. She thinks that the first attack was induced by a fright. The pain seems to start from inferior molar teeth (decayed), and to become concentrated in the temple; the head feels heavy, but nevertheless she is not able to lay it on a pillow; the pains are at times felt down the side of the neck also. The greatest severity of the attack is felt during from five to ten minutes, during which she shudders and weeps bitterly ('tis a sad sight, indeed!). At times the patient weeps even at the recollection of the agonies she has gone

through, or from dread of an impending attack. She is not at all subject to headache, but most commonly during the intermissions has a sense of throbbing in the temple; and she thinks—and thinks rightly—that she shall always be liable to a return of pain so long as this pulsation is felt. The stomach does not appear to be affected in a consensuous manner by the nervous disorder; there is no nausea or vomiting; but whilst the malady is raging, her sight is much impaired. The menstrual period is of three days duration every six weeks, and is accompanied with much lumbar pain; but the neuralgia does not seem to be in any manner affected by it. The appetite is good; she commonly sleeps well; is by no means thin or emaciated; the pupils are dilated. The attacks are worse by night than by day; they come on with the rapidity of lightning, and slowly subside, leaving a sort of screwing sensation in the temple. During the storm of pain, she derives some alleviation from hot fomentations.

It was in March last that I first saw this patient, and I was then not so much impressed with the value of *glonoine* as I am at present. I began treatment with *ars.* and *china* in alternation. Early in April there was some improvement; and as there were three decayed teeth in the lower jaw, from which the pains always appeared to start, I thought it right to extract one of them, and if some good had resulted, I should have felt encouraged to remove the others also. But I can never forget the mortal agony which the operation induced; it was, without any exaggeration, truly horrid. For twenty minutes the poor creature seemed as if on the rack; she held her temples with both hands, as though the skull would burst; her groans were heartrending, and her whole body was writhing with torture. She took *aconite, arnica,* and *belladonna,* in rapid succession, with (we may hope) some alleviation, as the following day her condition was much as usual. But

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I had had enough of dentistry, and resolved that, come what might, I could not recommend that the operation should be repeated.

About the middle of April I administered *quinine*, in ¼ grain doses, every four hours, whereby the patient seemed to get stronger; but the disease was untouched. *Arsenicum* in the 1st dilution was then tried, but with the same absence of beneficial result. From the 20th to 24th, *phos.* 3 and 6 were taken alternately, with but trifling benefit. From the 1st to the 20th of May, she took *chelidonium majus*, with some advantage, having passed better nights; but the throbbing in the temples was not allayed. She was then advised to discontinue medicine for awhile, in order that the disease, as uninfluenced by medicine, might be watched.

On the 6th of June she awoke at night in exquisite pain, and continued so until twelve o'clock next day, when she sent for me. The great excitement of the vascular system, and the profuse lachrymation, seemed to point to *aconite* and *pulsatilla*, and these were given alternately, with apparent relief.

June 11th. Is on the whole better, but still gets attacks, which are not so severe or long continued as they used to be. At this time she first took *glonoine* 3, one drop every half-hour, whenever there was an aggravation of the throbbing—a condition which generally preceded the onset of the nerve-torture.

19th. I found my patient (as she believed) in perfect health. She had passed a week without pain. On two occasions, when her enemy seemed approaching, she took *glonoine*, and with the happiest effects. I wish I could add that our remedy has brought about a perfect cure. The disease has occasionally returned, but at much longer intervals, and with less intensity. She has had two attacks within a few days, during this month, and has again been

supplied with her medicine; and she fully believes, as I do, that this aforesaid *nitro-glycerine* is in her case a noble palliative, although it has failed to root out the subtle malady.

P.S.—I hope at some future time to return to this case, and give its supplementary history.

The next case which I shall relate is very interesting, albeit neuralgia had a very small share, if any, in its manifestations, and a variety of remedies were used besides *glonoine.* If every homœopathic physician and surgeon would honestly and industriously endeavour to bring to something like exactness and perfection our Materia Medica, we should soon have cases of disease treated more definitely, and, so to speak, more philosophically, than was the undermentioned; but, alas! our *literature* is not so simple as our *law;* nevertheless, that it must and will become so, I cannot and will not doubt. In the meantime struggle we on manfully, and labour day by day to sift the grand and important truths of our science and art from the chaff with which it is mixed.

T. G., aged 41, married. He is a miner, and has worked much under ground, but not in bad air—*only in powder smoke* (I give, as far as may be, the *ipsissima verba* of the patient). Some years since he hurt his right leg, and a piece of bone worked out. Has enjoyed pretty good health until seven months since, when he felt a twitching in his under lip, then a deadness on right side of tongue, then a strange feeling down the right side of body to the foot, causing a weakness. He attempted to speak, and found that he was unable; after the lapse of ten minutes he could speak, but not "fitty" (distinctly). A surgeon came to see him, and found him pretty well: the patient took no medicine. A few days after, he had a more severe attack, and his mouth was drawn to the right

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side, opening and shutting with a loud snap. During this time he never lost his consciousness. He had six attacks of this kind in one night, four of which were severe; since then he has felt a hardness in his stomach, and his doctor thinks the disorder arises from indigestion. He scarcely ever passes a week without slight attacks. It appears to him as if something seems to arise from the stomach and come up to the mouth; the tongue becomes affected with a deadness; and then the (lack of) sensation gradually passes away, and is last noticed on the left side of the tongue, leaving a stinging as of the nerves. There is at times, accompanying this, a pain at the back of the neck, and a sense of pressing and crushing in the neck and face; also, pain and weight right across the top of the head and down to the temples, with wandering twitches about the face here and there. The feet are always very cold; appetite is moderate; bowels relaxed; he has some nervous palpitation of the heart; the pulse is 76, and there is nothing remarkable in its character. (The patient's sister died of puerperal disease. She appeared to have taken cold about a fortnight after her confinement. She suddenly fell to the ground in a state of insensibility, and never spoke again.)

Sept. 18th. To take *nux vom.* 3, night and morning, 1 drop.

25th. Is worse. Has had attacks in face and mouth, also pain around the neck. To take *acon.* at night, and *bell.* of a morning.

Oct. 2nd. An attack last night, and flushes of heat; feet are sleepy and cold. To take *glonoine,* 1st dilution, 1 drop night and morning.

9th. Feels better; has had some pain around the right ear, but no affection of the tongue or lip.

16th. Going on well. To continue medicine. During the last week in October he complained of weakness of

the hands; a deadness and stinging across the left foot, and extending to the knee; *feet always cold.* To take *silicea* 5, 1 drop night and morning.

November. He had a few attacks of numbness and deadness of the tongue, but much less severe than heretofore. Has a coldness and sense of weight across the top of the head. He took *calc. carb.* for a week, after which he complained that he was not so well. On the 20th he again took *glonoine.* 27th, he reported that he was much better. On the day on which I write these notes (Dec. 18th), I have heard from this patient that the attacks (of a *quasi* paralytic nature) have entirely left him, and that at present he has nothing to complain of but a degree of debility, and a want of spirit and energy.

Glonoine is said to be eminently homœopathic in hyperæmia of the brain and its membranes. What the exact pathological condition of the nervous centres was in the above case, it would be perhaps unprofitable to attempt to discuss. As far as one could judge or guess from the symptoms, the illness was of an epileptiform character. Was it *Le petit mal?* I do not know. I have seen many other well-marked instances of the powerful influence of *glonoine* on the nervous system; these I hope to give in a future number of the *Review.*

TREATMENT OF WARTS.

The Rev. Peter R. Watts, of Rushock, Droitwich, has sent us the following case of the successful removal of warts by homœopathic means:—

"Three warts made their appearance, four or five years ago, on the right hand of a healthy girl, now aged 19. No others came for two or three years, when their number began to increase, until in October, 1861, she could count nineteen, besides three on her forehead. By the middle

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of May, 1862, there were thirty-six, which increased to more than seventy by the beginning of July, at which time I began to administer *sulphur* 6, in globules. From that period to Sept. 22nd, I gave *sulphur* in 6-globule doses, night and morning, for a week, at three different periods; at first without any visible effect, but by Sept. 22nd the warts were slowly dying away. I began now to use *thuja* 3, in globules, alternately with *sulphur*, and the tincture of *thuja* externally; at first and for the more part undiluted, but occasionally diluted (12 drops to 2 tablespoonsful of water). The warts *died away very fast*, from the time the *thuja* was used. I ceased the administration of medicine about October 12th. The warts lessened both in size and number, so that on Oct. 31st only eighteen could be seen, of which even the marks have now nearly all disappeared."

"SAVED FROM THE WRECK OF THE COLOMBO."

THE above sentence—itself a volume of painful revelations of peril, of endurance, of brave and successful struggles—had been duly stamped by the Post-office authorities on the envelope of a letter which reached us on the 3rd of this month (January). When the *Colombo* struck on the rocks of Minicoy, in addition to her living freight she carried the mails, contained in 630 boxes; of these, 257 boxes have been saved—"if you could call them saved," remarks the *Times*' correspondent, "for they were all saturated with salt water, and a great many broken open."

The letter which reached us was in a sadly damaged condition. The surfaces in contact were closely adherent, and above all, the paper, in drying, had become so brittle as almost to fall to pieces when touched. The envelope,

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being formed of strong paper, with very little size in its texture, was less brittle. The adhesion of the surfaces was owing *partly* to the gum of the envelopes and stamps having been dissolved, and also to the solid salts deposited by evaporation in the process of drying.

If the solid matter left by evaporation consisted of soluble salts only, maceration, for a short time, in warm water, would suffice for their removal, together with the gum; but when sea-water is evaporated, there remain behind certain salts insoluble in water, the principal one being carbonate of lime. In the sea-water, as in many fresh waters, lime is held in solution as a bicarbonate. Heat and other agencies, during evaporation, convert the soluble *bicarbonate* into an insoluble *carbonate*, in which case warm water alone will not serve to soften the adherent matters.

In the case before us, after trying water alone, we had recourse to a weak solution of chloride of ammonium; and under the application of gentle heat, double decomposition ensued, and the whole of the carbonate became perfectly soluble, as chloride of calcium.

We mention this to our readers, because, as on former occasions, by these means, we ourselves have been able to assist in recovering valuable papers, after saturation in salt water, we think it probable that a knowledge of the process may prove useful to others under like circumstances.

The letter to which we refer is from Dr. Ray of Melbourne, and we are glad that we have this opportunity of giving it to our readers, and at the same time of intimating to our colleague its safe arrival in England. It is headed—

HOMŒOPATHY IN VICTORIA.

By Dr. Ray, M.R.C.P.L., &c., Melbourne.

In the *British Journal of Homœopathy* for January 1860, Dr. McKern was kind enough to furnish a paper headed "Our Position at the Antipodes."

Having had a couple of months' residence here, I just send you a line for the information of your readers, if thought worthy of insertion.

Since 1859, when Dr. McKern visited Victoria, the sublime truths which he then sought to disseminate have steadily advanced—notwithstanding the opposition of several not over scrupulous members of the healing art—gaining strength in every encounter, and emerging victoriously from the obstacles thrown in its way by the prejudices of the profession or the fears of the public. The truth of the appropriate motto—*cito, tuto, et jucunde*—has been realised by many in Melbourne, who, I rejoice to say, are by no means chary of graceful acknowledgments for the blessings conferred by the law of *similars*.

The representatives of homœopathy in Melbourne are four in number—one a duly qualified Hungarian gentleman, M.D. of Vienna; a second M.R.C.S., L.S.A.; a third with an honorary bestowment from Pennsylvania; and lastly, myself.

In Geelong, the second city of the province, there are two gentlemen practising homœopathy, one with an unregisterable qualification, the other with even less than that; so that in Victoria there are six homœopathic practitioners, half of whom are duly qualified and enrolled, according to the requirements of the provincial law. The number will probably be increased in a few months by the addition of the name of a gentleman who has gone to England to qualify.

The population of Melbourne and its extensive suburbs

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may be roughly estimated at 100,000 souls; that Geelong at 25,000. The latter place finds ample practi for one medical man; but as the other advertises his f to be five shillings, it is doubtful whether he finds sco for his genius.

The total population of Victoria is over 600,000, a gre proportion of which lies beyond the ordinary travel of o practitioners.

Four of the homœopathic medical men in Melbour and Geelong have a tolerable share of public support, a derive moderate incomes; the remaining two (one of th being a duly qualified and registered practitioner) havi only nominal practices.

The homœopathic population of Melbourne and Geelo obtain their medicines from the homœopathic pharmac established in those places. Several allopathic chemi also "stoop to conquer," and sell our preparations.

Tasmania and Queensland, as far as I can learn, a entirely unrepresented by qualified homœopaths.

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By Dr. Tuthill Massy, Surbiton.

"Sacred font! flow on for ever,
Health on mankind still bestow:
If a virgin woo thee—give her
Rosy cheeks and beauty's glow;
If an old man—make him stronger;
Suffering mortals soothe and save—
Happier send them home, and younger,
All who quaff thy fervid wave!"

Ode—16th century.

Mallow was once as fashionable as Bath; both flourish about the same date—during the palmy days of Geor the Third. To relate the anecdotes of the "lady car

players" and of the Beaux Brummels of Bath, or to recall the wild sports of the incomprehensible "*Rakes of Mallow,*" are beyond my sphere, for life is now more real and earnest; and as we move on the confines of another world, perhaps it is more in accordance with the age to tell the best way of keeping the spiritual and the material together, in healthful harmony.

A trip to the Hot Springs of Mallow is a most charming way of doing so; and when once you reach the Emerald Isle, there are many roads. Those by rail from Dublin, Cork and Waterford, are among the quickest and most pleasing to the Londoner; but, for an enjoyable journey, the route from Queenstown, by Youghal, is the most charming; for by this way you ascend the Blackwater, a river of varied and surpassing beauty, for full seventy-five miles. During the summer months, a steamer plies between Youghal and Lismore, passing by castellated rocks, old abbeys, and such like, where wandered the Briton and the Dane:—

"The captive Armorica, the cavaliers of Spain;
Phœnician and Milesian, and the plundering Norman peers;
And the woodmen of 'Brave Brian,' and the chiefs of later years!"

The Elizabethan house of Sir Walter Raleigh is worth a visit; and as we ascend the river, Temple-Michael becomes conspicuous, with the square embattled tower which was erected by the Knights Templars of Rhincrew Abbey, to guard the river—

"*Swift Aunidiuff, which of the Englishman*
Is called Blackwater."

The Bride meets the Blackwater opposite Aglish, which we must hasten by in our ascent by Cappoquin and Mount Melleray to Lismore, with its lovely cathedral and enchanting castle, where Henry II. of England was feasted by the Irish chiefs. I never shall forget the view from

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the bridge of Lismore: the deep woods; the cathedral's tapering spire; the grey rock and massive castle towers, and then, beneath, the clear meandering river, with here and there an angler whipping the stream. But we must leave these scenes of beauty, for our Irish steed is prancing, and will bound forward, for quick and rapid is his speed.

Fermoy is shortly reached, with its bewitching environs, garrisoned heights, once the chief citadel of the Earls of Desmond, in "*the good old times*!"

The caves of Mitchelstown, which have been so eloquently described by Dr. Apjohn, the chemist and geologist, of Trinity College, Dublin, are not far distant, for we see the Galtee Mountains, in which they are imbedded, and into and under which they pass for miles, with stalactites and stalagmites surpassing in reality the gorgeous fictions of the East.

The rail now takes us to *Mallow*, where the warm springs well forth the health-giving waters. The principal spring is at the north-east of the town, north of the river; it rises perpendicularly through limestone rock, and is received into a marble basin at the rate of 1200 gallons an hour.

Spa Cottage and Baths are quite models in themselves, seated in the rich valley of Auniduff, and protected from the boisterous winds by "*Rock View*," and other near and distant hills. This warm spring is beautifully clear and sparkling, and very pleasant to drink. From childhood I have heard of its repute, and its long line of virtues in curing consumption and scrofula. It has domestic virtues, too, as well as medicinal; it is excellent for making tea, washing clothes, and, with soap, makes a lather fit to shave a Turk!

This soft quality of Mallow water is peculiar to itself, for the English hot wells do not possess it, although their temperatures are somewhat greater.

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Dr. Rutty came direct from Bristol, and with the same thermometer made the following notes :—

Mallow Warm Spring	68
Bristol Hot Well	76

As some further experiments are by me made with Fahrenheit's thermometer, I feel they will be interesting, if not instructive :—

Matlock Spring	66
„ Baths	68
Buxton Well	81½
„ Baths	82
BATH.	
Cross Bath Pump	110
Kings Bath Pump.....	112
Hot Bath Pump	114½

Some twenty years ago, Sir Robert Kane made an analysis of the Mallow Hot Spring, but since then chemical analysis has greatly progressed, having been combined with microscopic observation; further, I believe, with the late Professor Murray of Edinburgh, that the elementary composition is so disturbed by analysis, that no artificial waters can be made to correspond with the natural spring at the fountain; and in this case I cannot reach any analysis which can cover the pathogenetic symptoms which I shall by-and-by detail.

Sir Robert Kane's analysis is the follrwing :—

Specific gravity of the Mallow Water 1000.958

Ten thousand grains, evaporated to dryness, left a pale fawn-coloured residuum weighing 2.01 grains, and consisting of—

Muriatic acid	0.17
Sulphuric acid	0.18
Lime	0.77
Soda	0.29
Carbonic acid	0.60
Total.....	2.01

It contained no trace of iron.

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Dr. Daubeny visited Mallow with the object of examining the composition of the gas which was so abundant in the water, and he found it contained—

Nitrogen	93.5	parts.
Oxygen.....	6.5	"
	100	"

It contains a larger proportion of azote than any other water, including the hot springs examined by Dr. Longchamp, in France. The gas in the Mallow water was supposed to be carbonic acid, but is now believed to be atmospheric air, changed by heat in the geological strata from which it issues.

Dr. Smith gives the following account of this spa in the *History of Cork*, under the title, "Mallow Water:"—"The first hint of this water being applicable to the cure of disease, was given sixty years ago,* by Dr. Rogers of Cork, who came to Mallow to attend a Mrs. Welstead, then in a very weak condition; in particular, she kept no aliment on her stomach, and was so far gone that her recovery was despaired of. Upon an accidental trial, she found that the water of this spring was the only liquid she retained in her stomach, and therefore advised with the doctor as to its use, who, being present when some of this water was brought fresh from the well, to his surprise observed it to be very warm; whereupon, to satisfy himself, he went to the spot, and found this same quality of heat in a higher degree. The lady, with the consent of her physician, persisted in drinking this water, and was so considerably relieved, that she was soon able to go to Cork, when she was so much changed for the better that the doctor scarcely knew her again." This, as I am informed, was really what first gave credit to the medicinal virtues of this spring, and has occasioned it to be

* This was written in 1749.

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frequented every season by a considerable number of people of fashion, both for health and pleasure.

There is very little alteration in the thermometer by the heat or other quality of the water, in different seasons of the year. By repeated trials, I have found this water raised the mercury in Fahrenheit's thermometer to the degree of 69; the adjoining brook sunk it to 50°.

The specific gravity of Mallow water and that of the River Blackwater, is as follows:—

Mallow water	1.531 grains.
Blackwater river	1.544 „

The present Dr. Townsend of Cork has communicated the case of a clergyman to Dr. Knox of Belfast, who, after passing many sleepless nights in all the horrors of a ruthless disease, gained immediate relief at the Mallow Hot Spring, enjoying from the first the most profound repose.

The primary action of the water is that of an anodyne, producing somnolency, which is removed by its secondary action as a diuretic. These two effects are followed by a desire for food. It is owing to these two properties in the water that it has obtained such great and deserving repute in pulmonary complaints, the result of gastric irritation. Hundreds of cases are on record where rapid recoveries have taken place during the administration of these waters for chronic catarrh, deranged digestion, complicated asthma, and even in cases of confirmed consumption; *but thermal* waters ought always to be taken with great care, and with some limit as to dose—a wineglass or two once or twice a-day is quite enough to profit by at first, and this ought to be taken at the well's mouth.

The Mallow *thermal* baths have also a good name in removing gout and rheumatism, with other ill states of broken-down health. Cases of amenorrhœa and dysmenorrhœa are said to yield within a few days to the Mallow hot springs. In connexion with these cases, I

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may mention that within the "*Ring*," which is a fashio
able drive around the suburbs, we have an excelle
chalybeate spring of the *proto-carbonate of iron*, used
chlorosis.

One feature must not be omitted in my notes on Mallo
—the climate, with its gentle balmy air, in which out-
door exercise can be enjoyed during the entire year; t
cold winds are shut out by the distant encircling chain
mountains, and the heavy clouds are drawn down a
emptied of their watery particles before passing th
chosen glen of medicinal springs. The town is built
limestone rock, gradually inclining into the vale of Aun
duff, thereby securing good drainage and dry walk
Several remarkable and historical residences are close b
I shall only mention one—Kilcoleman Castle, whe
Spenser wrote the *Faery Queen*.

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We have just received a copy of the *Medical Record*
Australia, for October 25, 1862. This also is a waif fro
the mighty sea, "saved from the wreck of the Colombo.
At Melbourne it had been directed to the editor of t
Homœopathic Review, to the care of Mr. Capper, t
homœopathic chemist, Liverpool.

Among the contents of this number is an able letter
defence of homœopathy, from the pen of Dr. Th. Berign
It deserves notice from its intrinsic merit alone; but
honour of its safe arrival, after so great risk, we give
more copious extract than our space otherwise wou
warrant.

In reply to certain objections which had appeared in
preceding number of the *Record*, Dr. Berigny remarks:-

"'How is it,' you ask, 'that Hahnemann copied the expe
ments of Dr. Alexander?' Answer: When Hahnemann h

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established his principle, after experimenting with *cinchona*, and ransacking the testimony of many facts inadvertently noticed by others, he made an appeal to the profession to test every medicine on the healthy human body, but as his appeal met with the contempt which distinguishes the advent of every medical truth, he began the experiments himself, and found that *arnica* causes nausea, headache, cutting of the bowels, &c. &c., as recorded by Dr. Alexander and others; but it is not true that he copied these experiments from Dr. Alexander. He wrote as he felt and witnessed, and it is nature's fault if the morbid phenomena of drugs had a similar action upon himself as upon others. Homœopaths have never asserted that a medicine administered in large or infinitesimal doses will at once produce the symptoms which are indicated *ab usu in morbis;* but that they can produce a series of morbid symptoms with every drug in nature, if such drug be administered to a healthy man, is what they contend for. Unfortunately, before the sentence is terminated, the allopath exclaims, 'Well, I will take some *bark*, and I am sure it will not give me the ague.' We will answer, 'Certainly not; but if you will take this *bark* as Hahnemann did and his disciples do when proving medicines, your health will soon be deranged in a manner that will be declared by your authorities to resemble the ague, if, being ignorant of the cause of your ailment, they do not declare it to be the ague at once.' It may take a week or a month of the increasing administration of *bark* before the malady is well developed, but that it will be so is an anticipated fact, maintained by all homœopaths. This fact once witnessed is the first step which will cause you to desert the multitudinous methods proposed by the workmen of your Tower of Babel called allopathy; but if you spurn these experiments, you will wander from the path of reform.

"I grant you that you are distinctly understood in your controversy to have no hostility towards homœopathy—the love of truth animates you throughout; but I dare say that you are not giving utterance to an opinion worth credit when your experience is, as you confess, that you have never seen it cure disease. How can you possibly have seen that which you have never

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looked at? Your readiness to contribute to the expenses testing the system practically in a public institution is the on way of obtaining the deserved concessions from your imparti judgment. It would be easy to find five hundred pounds p annum in Melbourne for such a purpose, but your orthod friends are not so generous; their interests are too much stake, and they would strive to raise stumbling-blocks to st the march and triumph of too hasty medical progression. would be a repetition of the past, which has already cost them dear, as will be seen in the following refutations of your alleg homœopathic statistics.

"If it has never been the fate of any original medical falla to long survive its author, everybody will admit that it is b cause there was no principle of truth animating its existenc The same test may be applied to homœopathy. It is nc a fact, beyond dispute that, since the days of its founde the system has grown to the Lutheran-like medical heres already enrolling 5,000 duly-qualified practitioners, the intel gent, the nobility, and the middle-class, being generally i patrons.

"Another fact to be admitted is, that the orthodox professi betrays a semi-consciousness of some danger, as attested l the vigilance exercised by the medical press all over the civilis world.

"In England, for instance, one of its organs says in i columns, 'We warn the man that is inclined to investigate th fallacy against experimenting on the subject, which will l almost sure to end in his adopting the delusion.' The late S John Forbes said, 'We have, surely, a most powerful argume in favour of the admission that, an average amount of recoveri take place under this system, in the fact that no public outc has been raised on the score of inefficacy, and yet more, greater mortality.' Sir Benjamin Brodie confessed, 'That tl habit of resorting to homœopathic treatment, which has prevail in some part of society, has occasioned much dissatisfacti among the mass of medical practitioners. . . . They mu be content to let the thing take its course, and they will be

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consult their own dignity, by saying as little as possible about it.' In France, the editor of a medical publication laments the threatening disaster, and gives warning to the craft in the following touching language:—'My dear Brethren,—Homœopathy gains ground, the waters rise visibly, it is even in the train of the young and beautiful Empress, in the palace of Cæsar. From time to time, our medical societies see members separating themselves from the old stock—even last month, one of the societies was pained by receiving a letter of resignation, caused by a desertion to homœopathy, and addressed by a brother who had given proof of much talent. Where—where are we going!' . . . Now, do you know of any ancient or modern quackery that ever stimulated the animus of its adversaries into such silly wailing, nearly a century after it was first proclaimed to humanity, and pooh-poohed by learned bodies?

"In the annals of scientific discoveries, we will find among other records of professional tenacity to antiquarian notions, that, about thirty years ago, in Paris, the enemies of homœopathy, beaten by the failure of their arguments against the Hahnemannian doctrine, astutely conspired to devise a new plot to exterminate and smother the gigantic infant. The stratagem consisted in admitting the practicability of homœopathic cures; an invitation was made to test its merits upon hospital patients. But the artful pretence of impartiality being soon obvious, prevented its being carried out to the satisfaction of the interested public. Now, as these alleged experiments are quoted as your only clinical authority against the system, it is incumbent upon us to point out to your readers the history of these experiments, and they will judge of their value.

"Here is the allopathic version (see *Medical Record*, vol. I., No. iii., page 28)—We do not think that Dr. Curie speaks of the great success he obtained at the Hotel Dieu, alluded to by Dr. Bailly, who spoke after Mr. Andral. He said, 'I wrote some months back to Drs. Curie and Simon, and stated that I was quite at their service to test the value of homœopathy.

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During five months these gentlemen have treated a great number of cases in my wards; a book has been kept for the purpose of registering the cases, and the benefits derived from the treatment; during the whole of this period not one has received any benefit, and so convinced was Dr. Simon of its inutility, that he withdrew. The register was then produced for inspection.'

"Now the truth as it remains unanswered in France:—The experiments carried on at the Hotel Dieu, by Drs. Curie and Simon (the homœopath) were made in compliance with the offer of Dr. Bailly (the allopath). The latter having promised that the experiments should be complete, divided his patients into four portions. He gave one to a student, one to Dr. Piorry, kept one for himself, and intrusted the following cases to the homœopathists in order to test the practical value of the system so much talked about.

"1st. Two sexagenarians with pulmonary catarrh.

"2nd. A case of chronic hepatitis with hæmorrhoidal discharge.

"3rd. A case of pulmonary emphysema of 15 years' standing, the subject having been affected with the itch five times, and had kept it for five years last time.

"4th. A case of typhoid fever upon a patient labouring under tuberculous consumption.

"5th. A case of paralysis of the tongue.

"6th. Two consumptives having reached the third degree of consumption.

"7th. A case of uterine cancer.

"8th. A case of fibrous ovarian tumour, with dropsy, the patient already punctured twelve times, and in the last degree of emaciation. In all, ten patients.

"Messrs. Curie and Simon were not long in perceiving that the invitation was a snare to entrap homœopathy, and they kept a minute record of the proceedings and treatment. The experiments were carried on for one month only, and during that time Dr. Bailly abstained from meeting the homœopathists. At the

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expiration of the month, Drs. Curie and Simon refused to remain the tools of such duplicity, and wrote to Dr. Bailly to that effect.

"When the discussion on homœopathy took place at the Academy of Medicine, Dr. Bailly did really express himself as reported in your columns, *but the register had never been produced.* The homœopathists who affirmed that this document proved in their favour, as two patients had been cured and some improved, wrote several letters to Dr. Bailly to produce it, and after many entreaties Dr. Bailly answered that '*this register had been mislaid in moving his library and furniture,*' and upon such evidence the great academy gave its verdict against homœopathy, as it had formerly done against the discovery of steam power, vaccination, circulation of the blood, the electric telegraph, &c. &c. Now I leave your readers to judge for themselves of the value of a decision of a class of men who are not experts of what they condemn.

"The crucifixion of every great truth or discovery is the brief history of that great academy, which is an authority whose sentence you invoke against homœopathy. Such learned bodies have been to the progress of science what the inquisition was to the doctrine of Christ. Society would do much better without such a trammel—a startling proposition I feel capable of proving. Scientific despotism, theological despotism, and political despotism, are the triumvirate presiding over our social miseries. These tyrants dwell side by side, and live sumptuously at the expense of the down-trodden credulous mass, the contemptible mob, as M. Thiers terms it. Legislative enactment has provided penalties against the imperfect moral organization guilty of a case of manslaughter, but there is no redress to be obtained here below against the notorious enemy of progress; nay, its destructive sway is even encouraged if it flatters the mighty despots. Wholesale murder is still legitimate in the nineteenth century. It is orthodox in politics to let a powerful empire carry on a most destructive war, whereby the relative strength of our own country is augmented; it is orthodox in the Church to keep within the intellectual boundaries of our

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ancestors and religious teachers; and it is orthodox in medicine to remain satisfied with conflicting opinions, the uncertainty, sorrowful and melancholy results of authorised medicine. Heresy in all departments is the herald of a dispensation of better days for the human family; but any one is marked and stigmatised as a heretic, whose name has been associated with any social effort to unfetter society from the chains of habit, tradition, and antiquity.

"In returning from this digression, for which I beg to apologise, I apprehend you will ask, 'What about M. Andral's experiments?' who declared before the Academy that he had made a series of the most rigorous and exact experiments on 182 to 140 cases; the rules laid down by Hahnemann had been most carefully followed, and he had not met with a case where benefit had been derived from the treatment? Answer: M. Andral's experiments of what he understood to be homœopathy, were made upon 35 patients; it is true that he administered homœopathic medicines to them without benefit, but it is not true that these medicines were administered in accordance with the principles of similitude; and his printed record, which I have before me, is a written testimony that stultifies the alleged 'experiments to test the practical value of homœopathy;' the remainder of M. Andral's experiments were made upon the healthy; not in a single case were the rules laid down by Hahnemann followed, the very statements of Andral being the proofs I invoke. With an impaired vision, I may as well bring for argument against the Armstrong guns that I tried them with 'a most rigorous and exact' aim, and never could hit the mark. Andral acknowledged himself not satisfied with their rigorous and exact nature, when he promised several years afterwards to commence them *de novo*.

"If homœopathy was really worthless, we need not go so far as the European continent to find it out, for there are several thousands in the Australian colonies who can testify to its merits or demerits, and the testimony of the living is more admissible than the hallucinations of the past.

"If your readers wish to have the testimony of English

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statistics in lieu of continental reports, I beg to remind you that when the cholera was making great ravages in England it was proved, beyond contradiction, that the mortality of cholera patients in the ill-adapted homœopathic hospital was 16.4 per cent., and the most successful treatment under allopathic physicians and surgeons was recording a mortality of 36.2 per cent. A Board of Health was then instituted, to report upon the returns of the various systems of treatment. The returns made by the homœopathic hospitals, under the inspection of an allopathic inspector, were sent in, but suppressed by the board; and when Sir Benjamin Hall was questioned in the House of Commons as to the cause of this omission, he produced a resolution passed by the council, to the effect that.' *by introducing homœopathic statistics they would compromise the value and utility of the averages of cases as deduced from the operations of known remedies.*' The same authorities do not fear to compromise the same averages when slanderers are the officious inspectors of homœopathic clinics."

From our able colleague, Dr. Irvine, also now practising at Nelson, New Zealand, we have received an excellently written *brochure* in defence of homœopathy. The following extract will give the reader a good idea of the origin of the pamphlet before us, as well as of Dr. Irvine's view as to the much-vexed question of dose :—

"Your correspondent attacked me under cover of an article copied from the *Lancet*, respecting homœopathy in Manchester, which I will deal with before noticing the imputations on myself. I think it will have occurred to every one who read that article, first, that the accusing party, and not the accused at all, has been heard; secondly, that Manchester is a good way off from Nelson, and that any wrong thing done there is not necessarily done here also. But many of your readers will pause if I ask them to assent to my next remark, which is, that the facts adduced by Dr. Roberts as to the doses in which some gentlemen in Manchester prescribe homœopathic medicines may be

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substantially true, and yet the inference he so triumphan draws, that these are so many departures from homœopat may be merely and calumniously false. A short statement v render this manifest.

"Three principles constitute the essence of the homœopat system of medicine.

"*First.* No medicine shall be administered to sick pers until the manner in which it affects and alters the functions the human body has been previously ascertained by care experiments with it on persons in health. It is obvious, even common sense, that the medicinal properties of drugs cannot discovered from their colour, their taste, or their chemi qualities: nor by giving them to dogs and rabbits, because t dumb creatures cannot inform us of their sensations, and h bodies so different to ours. Nor can we ascertain the p effects of any plant let us suppose the New Zealand *Tutu*, dosing a sick man with it as an experiment, supposing it ri to do such a thing, because the symptoms due to the dise would be mixed up with those due to the drug. The o sensible plan is to do what Hahnemann has done, nam make experiments on the healthy for the benefit of the si His great merit in basing his system on this firm foundati has been handsomely acknowledged by eminent writers of old school, some of whom have even imitated him in mak experiments on themselves. I may add that whenever we m with trustworthy experiments of this description, we immediat absorb them into our *Materia Medica*, which has thus been fr time to time enriched by our opponents.

"*Secondly.* Only one medicine must be given at a time, fo two or more are mixed together, it is manifest that they will apt to clash, and even to neutralise each other's action. This is plain as to need no arguing. In this respect also the old sch is slowly following in the wake of the new, and medical men gradually disusing the composite prescriptions which were favour with former generations of physicians.

"*Thirdly.* Diseases are best cured by such medicines have the power of causing a similar (medicinal or artifici

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disease in the healthy body. This rule constitutes the law of healing discovered by Hahnemann, which is denoted by the name homœopathy, and is popularly expressed by the axiom, 'Like cures like.' The truth of this third principle is *not* self-evident, like that of the other two, but has been abundantly proved by experience. By facts, and facts only, must a practical art stand or fall; and, while it is true that the medical profession have usually evinced a disinclination to try homœopathic medicines for themselves, it is equally true that, in every case in which they have done so carefully, they have become converts to the system which they heretofore despised. Those who do not choose to try them cannot, of course, become convinced, and the loss is theirs.

"The three principles I have mentioned constitute homœopathy, as it was first propounded and practised by Hahnemann, who *gave the medicines in the ordinary doses used in the old school;* and it was not until several years afterwards that he was led to diminish the doses to the extent which is popularly, but, as I have shown, erroneously, supposed to constitute the essence of the system.

"Many practitioners, who hold the three cardinal principles I have named, and who are, therefore, homœopathists, lean rather to Hahnemann's earlier than to his later practice, as regards the doses, and, doubtless, among the numerous homœopathic practitioners of Manchester, some are of this way of thinking. Even from Dr. Roberts's own statement it appears that they do so openly. Why, then, is he so angry with them? I do *not* say that I think their preference for large doses is judicious; on the contrary, I prefer small doses in almost every case, and, if your journal were the fitting place for it, I could give my reasons; but I do say that every man has a perfect right to judge for himself in such matters, and that it is to the credit of any body of men, whether of the medical or any other profession, that they should, while united in essentials, show by their divergence in non-essentials, that they are not blind followers of any one authority; that they are not sheep but *men.* The question of the dose is one of the internal questions of

homœopathy, with which no outsider has any concern. For the *Lancet* or our 'Medicus' to say what is or what is not orthodox homœopathy, is much as if a Jew or a Mahomedan were to attempt to decide on the doctrinal questions which sunder the Christian Church."

CASE OF DIABETES SUCCESSFULLY TREATED BY THE SACCHARINE METHOD.

By Henry Ussher, B.A., M.B., L.R.C.S, L.M. Ed.

(From the *Medical Times*, Jan. 17, 1863.)

The following case, copied from our allopathic contemporary, is not, certainly, an example of pure homœopathic treatment; but we give it as an instance of the complacency with which our opponents adopt a form of practice which the allopathic press, and the mass of allopathic medical men have declared, time after time, to be an intolerable absurdity—the treating *likes by likes*.

Diabetes is a disease in which sugar is formed by diseased action in the system, and is secreted in the urine—sometimes in enormous quantities. This sugar is not merely the sequel of dangerous disease, but it is itself a source of great distress to the patient, causing, as it does, "an obstruction in the respiration."

How *Punch* would ridicule the idea of such a disease being "*successfully* treated by the saccharine method!"

"Obadiah S., 31 years of age, was, two years ago, as fine a specimen of an active railway navvie as could anywhere be found. His present illness is of nine months' duration. He was discharged from hospital as an incurable, dying man, and I certainly thought so on my first visit to him, that took place on April 3, and the following was the condition in which I found him:—He was in bed; face very much flushed; eyes glazed; tongue hanging from the mouth; lips covered with

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sordes; skin harsh and dry; intense thirst; inability to sleep or take a morsel of food; sternal pain severe and constant; bowels constipated. I hardly recognised the man, so attenuated was he; and he expressed his case to be hopeless, ℞ Spt. junip., ʒj.; liq. hydrarg. bi., ʒiv.; tr. opii, ʒj.; inf. tileæ Europ., ℥ij. (blossoms of the lime tree, and a most excellent diaphoretic); inf. junip. ad ℥vj.

"April 7. Pulse 96; breathing regular and more easy; sternal pain gone; eyes less glazed; lips covered with sordes; passing three pints and one-half in twenty-four hours; odour of the urine all through the house. Six months ago he had a strain, but no ill effects remained. Specific gravity of urine, 1.033; no albumen present; effervesced with nitric acid, gave off fumes of ammonia; has slept somewhat since the medicine was given to him, and made less water after the use of it. Previous to his getting worse, he had occasional vomiting, and, thinking that the man might be suffering from sarcinæ, I prescribed the following, the sugar suggesting itself in a paper I had read of Dr. Budd's:—℞ Sod. hyposulp., ʒij.; glycerinæ, ℥ij.; acet. zinci, gr. xij.; aq. ad ℥vj. M. s. coch. amp. ter. die. Now, there was a marked increase in the quantity of urine voided, viz., April 8, 4 pints; 9th, 4½; 10th, 6; 11th, 8 pints. The first improvement was in his appetite, and I furnished him with a dietary, but it requires an unusual amount of self-denial from persons in this class before they will adhere to it. I think he did so generally. His sleep was middling; more thirst complained of; and his water scalded him.

"11th. Omitted the acetate of zinc, and substituted the mixture:—℞ Quinæ dis., gr. viij.; ferri am. tart., gr. x.; acid. nit. dil.; tr. hyoscyami, āā ʒj.; glycerinæ, ℥ji.; aq. ad ℥viij. M. s. c. a. 4tis hôris. ℞ Pulv. Doveri nocté.

"12th. Urine paler, less smell; sp. gr. 1·035; bowels slightly opened; slept better.

"14th. Passing eight pints in twenty-four hours. Repeat mist. with ʒss. of the dilute acid.

"15th. Had a copious and satisfactory diaphoresis for the first time; urine still scalds; his tongue is cleaning, and not so dry; appetite increases; there is visible improvement; face not flushed; pulse 104, steady, and not full.

"17th. Pulse 92. Omitted the Dover's powder, and he did not rest or perspire. Specific gravity of urine 1·030, very much paler, and whitish looking; smells like whey; decomposes much sooner; crowded with crystals of uric acid. Nitric acid causes a slight fawn colour. Rep. mist. c. gr. xij. sod. bicarb.: Continue the powders likewise.

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"18th. Pulse 72.

"19th. Able to sit to his dinner of roast mutton, v and coffee. He is gaining flesh, but rather down in h wife's illness, which turned out to be typhoid fever o type, and which the child also contracted. Tongue cleani less water. Clouds of mucus in urine. Specific gravi

"20th. Specific gravity, 1·035.

"22nd. Still gains flesh. Makes more water at ni I attribute to the disturbed state of his mind, then mo for reflection. ℞ Quinæ dis., gr. vj.; ferri am. tart., chirettæ, acid. nit. dil., āā ʒj.; glycerinæ, ℥ij.; aq. M. s. c. a. ter. hóris.

"25th. Met him out walking; he goes with the stick. Tongue losing its slimy coating. Urine gets d the wheyey smell vanishes. Sweating copiously day Made rather more water last night. Specific gravity,

"28th. When the urine stands some hours, clouds float in it, looking like a fine gelatinous substance, an with the fluid. These clouds contain visible crysta acid. The glycerine was now omitted, and the tartr increased to ℈j.

"29th. He ate some salt pork on Sunday, which purging, and to-day he is voiding ten pints in twenty-f I have told him to measure accurately, to see if the iro the quantity. Now the wheyey smell is gone, and gets more of an amber colour. Specific gravity, 1·03 much depressed in mind at his family troubles, and quent pulls on his diminished exchequer.

"May 2. Weighs 9 stone 6½ lbs., the former weight being 12 stone 11 lbs. Since the glycerine was omitted, th of sugar has increased, and also the amount of uri viz., fifteen and a-half pints in twenty-four hours, whi shows the former decrease was not due to the iron. plains of great weakness, but looks wonderfully well, small amount of white bread and a little wine when it. Now that the anxiety about his wife and child h I should expect some improvement in him.

"4th. Increased thirst.

"8th. He again reverted to the glycerine, having out any medicine for two days. Thirst gone; q twenty-four hours reduced from ten pints to three; tongue healthy and clean.

"13th. Specific gravity 1·033; gained 3 lbs. i walked to the village, over one mile distant. Has a some salt beef, and is purged—℞ Pulv. Cret. c. op. gr

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si opus sit. o. secund. hôris. ℞ Ol. jec. aselli coch. min. omni mane sumend.

"18th. Passed four quarts in twenty-four hours, consequent on the use of the salt meat and unguarded drinking of water. To-day his weight is 9 stone 13 lbs., showing an increase of 6½ lbs. since May 2. Urine still shows traces of sugar, turning yellow with Barreswill's solution, and when evaporated it yields a syrupy residue. Moore's test also indicates sugar, but I found the Liq. potassæ contained lead.

"19th. ℞ Ferr. am. tart., ℈j.; liquoris strychninæ, gr. j. ad Oj. ʒj.; quinæ dis., gr. vj.; acid. nit dil., ʒj.; aq. ad ℥viij.

"20th. Again omitted the glycerine, and increased the quinine and iron, with minute doses of strychnia. It will be remembered, that on May 8, when he was without medicine, and had taken large doses of iron, it was attended with the best results, and I have continued it with the most signal benefit. I think it has some influence in arresting the elimination of sugar, perhaps in the same manner as it did albumen in the cases of my respected teacher, the late Dr. Cathcart Lees.

"23rd. The quantity now passed in twenty-four hours, is a little over three pints. He eats well, looks hearty, and his only complaint is of weakness in the legs.

"26th. Weighs 10 stone 1 lb., being an increase of 2 lbs. in nine days; his average of water passed is about five pints in twenty-four hours; urine still pale by day and very clear, but of an amber colour in the morning, and smells natural; there is a very trifling shade of sugar in the urine. ℞ Fer. am. tart., ℈j.; quinæ dis., gr. vj.; acid. nit. dil., ʒj.; liq. strych. ʒij.; aq. camp. horæ ad ℥viij. S. c. a. 4tis hôris. I fear he occasionally recurs to his old habit, and will not forego the beer. I have to add this fact, viz., that his illness was immediately subsequent on fright. He was jumping on burning brambles, to prevent a hedge taking fire, and after the excessive heat sat in a shady shelter, cooling rapidly; then he felt himself completely unstrung, and became worse from day to day.

"His diet was a mixed one, and liberal; he took little bread. The amount of sugar, as indicated by the 'companion phial' method, varied thus during my attendance, at the following specific gravities, and an equal temperature:—April 19—1·033, 21 grains in the ounce: 1·035, 17 grains; 1·032, 17 grains. April 27—1·035, 18 grains in the ounce; 1·035, 7 grains. Here I had the misfortune to break my urinometer, and, not having a Garrod's glucometer, my observations on this head were suspended.

"June 5. Weighs 10 stone 6 lbs., being a further increase.

LIST OF [illegible]

[illegible] pills [illegible] A [illegible]

[illegible] the mixture is [illegible] an alterative pill. He looks well [illegible] nearly three miles [illegible] average quantity of four pints in the [illegible] about two pints are [illegible] two or three in the day. [illegible] appetite [illegible] when he drinks [illegible] more muscle. Hair falling off [illegible] M.R.C. [illegible]

[illegible]—The last I saw of him, a few days back, he was [illegible] on the South Eastern Railway, and although [illegible] I should say, from his appearance, that he was [illegible] with any [illegible].

ARRANGEMENTS FOR THE MEETINGS OF THE BRITISH HOMŒOPATHIC SOCIETY,

For the remainder of the Session of 1862–63.

Thursday, February 5th.—Is Diphtheria a Specific Disease? By Dr. McGilchrist.

Thursday, February 19th.—The real Services of the School of Hahnemann exemplified in the Treatment of Acute Inflammatory Diseases. By Dr. Ozanne.

Thursday, March 5th.—A Case of Fever, with various complications. By Daniel Smith, Esq.

Friday, March 27th.—On the Physiology and Pathology of the Ganglionic System of Nerves considered in especial relation to Homœopathic Therapeutics. By Dr. Marston.

Thursday, April 2nd.—On Local Anæsthesia. By Dr. Cronin.

Thursday, April 16th.—Is the Doctrine of Infinitesimals consistent with Reason and Experience? By Dr. Cockburn.

OBITUARY.—DISPENSARY REPORTS.

Thursday, May 7th.—Observations on some Questions of Medical Ethics, with especial reference to so-called Homœopathic Practitioners. By Dr. Hilbers.

Thursday, May 21st.—Cases of Affections of the Joints. By Dr. Ransford.

N.B.—The time of meeting and business of the Annual Assembly will be duly announced.

J. Rutherfurd Russell, *Hon. Sec.*

OBITUARY.

WILLIAM KINGDON, ESQ., F.R.C.S.

This gentleman, who for many years had a large general practice, and was greatly liked by his patients, and loved by his relatives and friends, departed this life on the 8th of January, in the 75th year of his age.

We record his departure, because for many years he was parcel-homœopath and parcel-allopath. He was honest, however, for he told his patients, "I think this is a case for homœopathic treatment, or this is one for allopathic drugging." Of necessity he suffered loss from halting between two opinions on so important a subject.

During the last years of his life, we believe he repudiated homœopathy: we can afford to make this statement. He was a worthy man, and so *peace to his manes!*

DISPENSARY REPORTS.

FIRST ANNUAL REPORT OF THE CARDIFF HOMŒOPATHIC DISPENSARY,

6, Smith Street, Crackherbtown.

Physician—W. Luther, M.D. *Hon. Sec.*—Ed. Kenway, Esq.
Treasurer—John Cory, Esq.

The Dispensary was opened on the 6th September, 1861, and during the year ending the 6th September, 1862, 204 patients have been under treatment, either at their own homes or at the

DISPENSARY REPORTS.

Dispensary. The greater number of cases were of a chronic, a comparatively only a small portion of an acute character.

The results have been as follows: 92 cured; 48 much ir proved; 13 improved; 48 ceased attendance; and 3 died. O death (of whooping-cough) was owing to the patient being p under *homœopathic* treatment when too late, for he died the d after entering.

PENZANCE HOMŒOPATHIC DISPENSARY.

Medical Officer—J. H. NANKIVELL, ESQ., M.R.C.S. Eng.
Secretary—FREDERICK SMITH, ESQ.

Report for November.—List of Patients.

Paying 2s. 6d. per month	6
„ 1s. „	9
Subscribers' tickets	9
Old cases	19
	—
Cured	15
Relieved	12
Not benefited	3
Still under treatment	13
	—

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. DRYSDALE, Dr. WRIGHT, Dr. STOK Dr. HAYWARD, Dr. ROCHE, Mr. MOORE, Mr. GELST Mr. WILLANS.—Dr. GEOGHEGAN, House Surgeon.—Mr. D'ORVILLE PARTRIDGE, M.R.C.S., Assistant Surgeon.

Treasurer—Mr. J. J. EDGAR. *Secretary*—Mr. S. J. CAPPE

Chemists—Messrs. THOMPSON & CAPPER.

The number of patients prescribed for at this Institution duri the month of December was as follows:—

New patients	475	
Old „	1862	
Total	2337	
The number of visits paid	152	
The number of patients visited	—	24

DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P., Lond., &c. Evan Fraser, Esq., L.R.C.S. Edin.

Treasurer—John Skilbeck, Esq.

Honorary Secretary—John L. Seaton, Esq.

Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of December	597
Paying 1s. 6d. per month	471
Admitted on Subscriber's recommendation	126
Discharged cured	72
Relieved	5
Ceased attending; result unknown	15
Still under treatment	229

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayner, Dr. Drummond, Mr. Blackley, Mr. Howden. House Surgeon—Mr. Edward Calvert.

Treasurer—P. F. Willert, Esq.
Secretary—Arthur Neild, Esq.
President—Joseph Heron, Esq.
Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of December, 1862	1498
Paying 1s. and 1s. 6d. per month	226
Admitted on Subscriber's recommendation	42
Visits paid to the homes of patients	219

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

Annual Report of the Manchester and Salford Homœopathic Dispensary for 1862.

Our books number 2423 patients; 1881 are new cases, and the remaining 542 are brought forward from the previous year. Of this number, 959 were under treatment for a period varying from one to twelve months; the majority of these were chronic cases, and nearly all of which had been under allopathic treatment without being benefited. There have been 18,525 pre-

DISPENSARY REPORTS.

scriptions dispensed, the weekly average being a fraction mo- than 356.

Notwithstanding the present prevailing distress of the Lan cashire operatives, who are the main support of our dispensari- 1933 have voluntarily contributed the sum of 1s. and 1s. 6 per month during their attendance, in all amounting to £139 1 being an increase of £12 19s. 6d. over last year. The remaind 490 patients received admission to the advantages of the insti tion through the recommendations of subscribers.

2457 visits have been paid to the homes of patients who, fr the nature of their illness, were unable to attend the Dispensa

MEDICAL REPORT FOR 1862.

	No. of Cases.	Cured.	Benefited.	Not benefited.	Died.	Under
Phthisis, Bronchitis, Pneumonia, and other Affections of the Chest	695	447	54	17	23	
Abscesses, Tumours, and Ulcers ..	79	53	8	3	0	
Accidents and Surgical Cases.....	41	32	3	1	0	
Cancer	3	0	0	0	1	
Dropsy and Diseases of the Kidneys	53	29	8	4	2	
Measles and Small Pox	56	47	0	0	1	
Diseases of the Heart and Great Vessels	14	4	5	1	2	
Fevers, including Scarlatina, Typhus, and Intermittent Fever ..	131	96	0	0	2	
Diseases of the Head and Brain....	62	38	4	3	4	
Disorders incidental to Women....	85	50	15	2	0	
Hæmorrhoids & Diseases of Rectum	63	37	11	2	0	
Diseases of the Eye and Ear	126	67	17	4	0	
Epilepsy, Paralysis, Convulsions, and other Diseases of the Nervous System	74	25	12	5	7	
Liver and Stomach Complaints	274	142	21	5	3	
Diarrhœa and Dysentery	107	80	13	0	2	
Gonorrhœa and Syphilis	128	93	5	0	1	
Debility and General Weakness ..	7	5	1	0	0	
Cutaneous Diseases	176	97	19	3	0	
Rheumatism and Gout.....	141	77	22	4	0	
Struma, Rickets, Glandular Swellings, &c.	88	50	10	4	5	
Worms	20	15	0	0	0	
Total.....	2423	1484	228	58	53	

EDWARD CALVERT, *House Surgeon.*

DISPENSARY REPORTS.

CAMBRIDGESHIRE HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Bayes, Wm. Freeman, M.R.C.S. Eng.
Treasurer—Isaac Johnson, Esq. *Secretary*—Mr. Freeman.
Chemist—Mr. Bryant.

Number of patients attending during November	187
Admitted during the month	33
Discharged cured	43
„ relieved	25
Ceased attending; result unknown	4
Dead	1
Remaining under treatment on Dec. 1st	114

BROMPTON HOMŒOPATHIC DISPENSARY.

Founded 1855.

Physician—Neville Wood, M.D., F.R.C.P. Edin.
Dispenser—Mr. C. T. Emney.

Number of patients (new and old) attending during the month of December, 1862	192
Paying 2s. 6d. per month	116
Paying 1s. each consultation	32
Admitted on Subscriber's recommendation	29
Visits to patients' houses, at 4s. per visit	40

New patients in 1855	203
„ in 1862	810
Number of patients admitted from January 4, 1855, to December 31, 1862 (eight years)	4009

Of these 4009 patients, 1782 were males, and 2227 females.—867 of the 4009 were children under 14 years of age.

Patients' fees in 1855 amounted to	£31 14s. 0d.
„ in 1862 amounted to	£300 4s. 6d.

Contributions from Subscribers average £30 per annum.

About two-thirds of the patients are discharged cured or much relieved. Of the remainder, a small proportion die, or are

DISPENSARY REPORTS.

discharged unrelieved; and a larger proportion cease attendin or are slightly relieved.

All the cases, acute and chronic, are treated at this Dispensa with globules, the attenuations varying from the 6th to the 30t

REPORT OF THE YORK HOMŒOPATHIC DISPENSARY,

For the year ending December 31st, 1862.

Consulting Physician—Dr. Dunn, Physician to St. James' Hospital, Doncaster.

Surgeon—Alfred C. Pope, Esq.

The York Homœopathic Dispensary has now been establish eleven years. During this period, 1263 patients have be admitted. During the year 1861, 136 cases were entere during 1862, they have amounted to 168; showing an incre during the past year of 32. The total number of admissions the 31st of December, 1861, was 1095, giving an average $109^5/_{10}$ths during each year. The attendance this year h therefore not only been considerably greater than during 18 but has exceeded the average of previous years by $57^4/_{10}$ths.

The following table exhibits the amount of work done, w its results:—

On the books Dec. 31st, 1861	28	
Patients admitted.....	168	
Cured		94
Relieved and greatly improved		45
Irregular and unaltered		19
Dead.....		3
Remaining on the books		35
	196	196

Number of prescriptions dispensed, 1086.

The cases returned as "irregular and unaltered," are th who only visited the Dispensary when entered, or once su sequently. The deaths arose in two instances from cousum tion, and in the third from cancer.

THE MONTHLY

HOMŒOPATHIC REVIEW.

"SCIENTIFIC MEDICINE."

A Doubtful Title.

The practice of the dominant school is by the majority of its professors designated "Scientific Medicine:" all other methods of healing are, by them, excluded from any title to such speciality.

Science consists of facts and principles: natural science is the demonstration of natural laws.

Scientific medicine must, of necessity, exhibit, in its development, a perfect uniformity of practice: as it is built up of facts and principles, its adepts must be guided by the same unerring code of laws.

Is this the case in the practice of our allopathic colleagues? On the contrary, is it not notorious that professors of the same system, teachers in the same college, have often advocated in their individual class-rooms, or sick-wards, modes of treatment the most opposite? In modern times, we have had the contending views of Cullen and of Brown;—of Stohl and of Hoffman;—and, in more recent days, the diametrically opposed teachings of Clutterbuck, and of Armstrong: while, still more recently, we have witnessed the hot contest between bleeders and anti-bleeders; and between stimulators and depressors.

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While, however, those who are accustomed to watch the practice of men, the most eminent in the ranks of medicine, must see how greatly such physicians differ from each other, in the treatment of almost every disease, how few, out of the multitude of general practitioners, are led by that circumstance to infer the unscientific character of the *system* which they have adopted.

Opposing views on the subject of pathology, may certainly give rise, legitimately, to different modes of treatment; but, even when there is perfect accord as to the cause and nature of an affection, there is too often, among the disciples of old physic, undoubted discord in reference to rules of treatment. We appeal, for confirmation of these statements, to any candid member of the profession who is conversant with even the most recent medical literature of the day. Are there not among the highest members of the medical profession men who, in this year of grace, 1863, adopt the most opposite methods of treatment in fever, and in inflammation? Is this scientific medicine? Can all be right?

How many eminent men still bleed in apoplexy, or in its premonitory stages—yet how strongly do physicians, of equal eminence, decry that dangerous practice. "It is not improbable," wrote Sir George Lefevre, "that the universal system of blood-letting, upon all such attacks (of an apoplectic character), and even threatenings of them, has converted remediable into incurable diseases; paralysis has, sometimes, immediately followed the depletion intended to prevent apoplexy."

"All cases of apoplexy are made worse by bleeding," declared Dr. Todd, Professor at King's College; "we lessen the power of the system, so to speak, to throw off the disease."

Dr. Clutterbuck, (*Cyclopædia of Medicine*, art. *Apoplexy*), although he does not speak so decidedly as does

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Dr. Todd, yet says: "As mere matter of experience, there is reason to believe that blood-letting does much less good, and the omission of it less injury, than is generally supposed."

Nor in well ascertained cases of inflammation can old physic shew any scientific precision of treatment. We all remember the celebrated discussion, between certain eminent professors of the University of Edinburgh, on the subject of blood-letting in inflammation; and, indeed, for years, the practice has been attacked and defended with a pertinacity which is almost peculiarly medical.

Long ago, the eminent Dr. Combe, (*British and Foreign Medical Review*) in allusion to the prevailing practice of blood-letting in inflammation, said: "Relying upon the testimony of an incomplete fact, the moment the practitioner ascertains the existence of inflammation, he pulls out his lancet, and bleeds his patient copiously. The oppressed vessels being then partially emptied, much relief is experienced, and both patient and physician are pleased with the hope that the disease will be cut short. In a few hours, however, the vessels have contracted, and they and the heart have adapted themselves to their diminished contents, and nature thereupon resumes the attempt to carry the disease through its proper stages. The pain returns, the pulse rises, and the oppression augments. Bleeding is again resorted to, with immediate relief, and the same phenomena recur." In continuation, Dr. Combe tells us, that only patients of strong constitution can survive such practice—the weak "fall into chronic disease," —"the strength is permanently shaken," and death ultimately ensues.

Dr. Todd also reveals the uncertain, and therefore the *unscientific* character of "*Scientific* Medicine," in the following remarks on the treatment of lung-inflammation: "The plan of treatment," he says, "which has been re-

less freely; to all which, counter-irritation added in the more advanced stages. I l experience," he adds, "of this treatmen confess, that experience has so little satisfi that I have, for some years, ceased to adop the treatment I have seen too many die; covery has taken place, in two many instan with a tedious, lengthened convalescence." ply instances?

Confessions and Misgivings.

As, among the followers of old physic, the the highest intellectual powers, we need not every now and then, sad and bitter comp arise, respecting the uncertain and unsatisfa the art:—Dr. Inman, Physician to the Liv Infirmary, says, (*Foundation for a New The tice of Medicine*), "From the period of his first book on the Theory and Practice of Me was presented to his notice, the author ha with the absence of all trustworthy *princ* works."

Dr. Abercrombie

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accumulated experience of ages bearing upon this important subject, our extended observation has only served to convince us how deficient we are in this department, and how often, even in the first step in our progress, we are left to conjecture. A writer of high eminence has even hazarded the assertion, that those persons are most confident in regard to the character of disease, whose knowledge is most limited, and that more extended observation generally leads to doubt." When speaking of the treatment of disease, Dr. Abercrombie says: "An equal or even more remarkable uncertainty attends all our researches on the second head to which I have referred, namely, the action of external agents upon the body. These engage our attention in two respects, as causes of disease, and as remedies; and, in both these views, the action of them is fraught with the highest degree of uncertainty." Again, the same author remarks: "When in the practice of medicine we apply to new cases the knowledge acquired from other cases, which we believe to be of the same nature, the difficulties are so great, that it is doubtful whether in any case we can properly be said to act upon experience, as we do in other branches of science. The difficulties and sources of uncertainty which meet us at every stage of such investigation, are, in fact, so great and numerous, that those who have the most extensive opportunities of observation will be the first to acknowledge that our pretended experience must, in general, sink into analogy, and even our analogy too often into conjecture."

Dr. Girtanner, a celebrated allopathic physician, (for we quote only our opponents), speaking of the confused state of therapeutics, says: "Seeing that the art of healing has no positive principle—nothing settled or proved—and since experience goes for little, the physician has a right to follow his own opinions. Where it is not a scientific question, one hypothesis is as good as another. In the

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Egyptian darkness of ignorance, in which physicia grope, there is not the feeblest ray of light to enable the to see where they are."

"We are surprised," said the celebrated Fode: Member of the Academy of Paris, "at the difference the manner of considering disease, and the divers moc of treatment. The bold ones administer most heroic do of medicine, (doses of which the vulgar very irreveren say—*it's kill or cure*). Others, more timid, and feari to act, wait patiently for critical periods. Others am themselves with practising polypharmacy; one ord purgatives, another an emetic, a third bleeds, and a fou expects to find *calomel* play the part of a universal reme Every thing called practice is, in fact, a whimsical mixt of the superannuated remains of all systems—of facts i perfectly observed—and of routines left us by our anc tors. *Now, if science be intended to direct us in practice, what is that science that drives each of its ciples into different and opposite paths?* Happily for self-love of some, and the safety of others, each physic thinks he has got hold of the right doctrine, and ev patient fancies he has a good doctor."

"Let any one," remarks the illustrious Brouss "cast an eye on society, and look on those gloomy co tenances, those pale, leaden faces which pass their wh life in thinking of their stomachs, whose digestion is m more painful and slow by the doctors ordering nourish diet, generous wines, tinctures, elixirs, tonics, &c., u these victims fall a prey to diarrhœa, dropsy, or marasm Let us observe these tender creatures scarcely out of th cradle—the tongue is hot and red, their looks shew g lassitude; the abdomen increases in size, and beco heated; the heart has an increased action from the ef of bitter elixirs, anti-scorbutic wine, sudorific syru mercurials, cleansing medicines, &c., which must hu

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them to consumption and death. Let us attentively examine those young people of brilliant complexion, full of life and activity, who begin to cough, and whose irritation is increased tenfold by blisters, lichen, and quinine, until the obstinacy of the symptoms show they are affected with tubercles, and must be reckoned among the numerous victims of pulmonary consumption: and then let any one pronounce, whether medicine up to the present time, has not been more injurious, than beneficial to humanity."

"In medicine," remarks M. Marchal (de Calvi), in his essay upon the discussion raised by the Academy of Medicine respecting "Revulsion"—"In medicine there is not, nor has there been for some time, either principle, faith, or law. We build a tower of Babel, or rather we are not so far advanced, for we build nothing; we are in a vast plain where a multitude of people pass backwards and forwards; some carry bricks, others pebbles, others grains of sand; but no one dreams of the *cement:* the foundations of the edifice are not yet laid, and as to the general plan of the work, it is not even sketched. In other words, medical literature swarms with facts, of which the most part are periodically produced with the most tiresome monotony; these are called *observations,* and *clinical facts;* a number of labourers consider and re-consider particular questions of pathology or therapeutics—that is called *original labour.* The mass of such labours and facts is enormous; no reader can wade through them; but no one has any general doctrine." And here comes a most curious confession from the mouth of an allopath,—for he continues in the following words: "*The most general doctrine that exists is the doctrine of homœopathy. This is strange and lamentable; a disgrace to medicine, but such is the fact.*"

In one of his lectures, the celebrated Dr. Pereira (*Medical Gazette,* 1835), says: "We can hardly refuse

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our assent to the observation of the late Sir Gilbert Blane, that in many cases patients get well in spite of the means employed, and sometimes, when the practitioner fancies that he has made a great cure, we may fairly assume the patient to have had a happy escape."

Then, again, not only is the allopathic school often contradictory, and therefore unscientific in its *treatment* of disease, but its very trust in the value and properties of the drugs administered is often doubtful, and its knowledge of them uncertain.

"Dr. Baillie," says Dr. Inman, "doubted whether his medicines had not done more harm than good:" and Dr. Chambers, in an oration before the College of Physicians, when referring to Dr. Williams, said, "The deceased had no faith in medicine."

Dr. Pereira remarks: "When we give medicines to the sick, the symptoms of their natural disease intermix with those which the medicines have produced, and they can rarely be distinguished with clearness and precision."

Girtanner avows that, "Our Materia Medica is little else than a careful compilation of fallacious observations made by the medical men of all ages."

Dr. Cullen declares: "The different Materia Medicas are full of wrong conclusions." Frederic Hoffman asserts, "That medical men are deceived on the majority of remedies, because their real properties are still hidden in darkness, and a general code of nature's laws for their wholesome application in disease is utterly wanting." Professor Pfeifer recommends "Medical men who are just entering into practice, and who wish to distinguish themselves by a judicious treatment of the sick, rather than by a glittering nomenclature, to forget as quickly as possible all they know of medicinal effects from lectures and manuals."

In his celebrated work, *Nature and Art in the Cure of*

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Disease, the late Sir John Forbes, M.D., F.R.S., the Queen's physician, commits himself to the three following propositions:—

I. That in a large proportion of cases treated by allopathic physicians the disease is cured by nature, and not by them.

II. That in a less, but still not a small proportion, the disease is cured by nature, *in spite of them;* in other words, their interference opposing, instead of assisting, the cure.

III. That consequently, in a considerable proportion of diseases it would fare as well, or better with patients, in the actual condition of medical art, as more generally practised, if all remedies—at least all active remedies—especially drugs, were abandoned.

The late venerable Provost of Magdalen College, Dr. Routh, in his latter days avowed his belief in the truth of Lord Bacon's opinion—that "all medicines shorten life." Boerhaave declared that if we compare the good which half a dozen true disciples of Æsculapius have done since their art began, with the evil that the immense number of doctors have inflicted on mankind, we must be satisfied that it would have been infinitely better if medical men had never existed.

Alas, alas, for Scientific Medicine! Such confessions recall to memory the old Latin epigram:—

"Chirurgicus medico quo differt? scilicet isto,
Enecat hic succis, enecat ille manu;
Carnifice hoc ambo tantum diferre videntur,
Tardiùs hi faciunt, quod facit ille citò."

The "Scientific Medicine" of Homœopathy.

A man of high intellectual powers, and of great attainments, recently declared that his sole reason for refusing to study homœopathy was because of its "perfectly unsci-

more intelligent and well-read, among
scarcely affect to disbelieve the fundame
similia similibus curentur—but rather st
"this strange sect," through what they cho
nate the "absurdity of the infinitesimal dos

We will briefly recapitulate some of the
favour of the scientific character of homo
cine.

I. Medicinal substances, when given in la
have the power of affecting the healthy or
purgative action of some drugs, the eme
others, the narcotism produced by opiates
illustrations.

The same substances, also, are capable of
symptoms or effects in the healthy body;
only obtained by the exhibition of the dru
quantities, and for a length of time. The *fir*
be termed *poisonous;* the *second* are merely
Thus, in large doses *arsenic* produces vomit
&c.; in minuter quantities it causes another
toms, such as "irritation of the stomach;"
eruption;" "oppressed respiration, with dry
So, also, while *ipecacuanha*

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administration of repeated small doses of drugs, resemble, in a remarkable manner, the symptoms of natural disease. We refer our readers to any allopathic authority in proof of our assertions. We have spoken of the skin-eruption caused by *arsenic*—the oppressed breathing—the dry cough—the purgation and vomiting; so also have we referred to the artificial asthma produced by *ipecacuanha;* and, in the same manner, we might wade through the whole Materia Medica, and docket each drug with its disease-resembling symptoms. Thus, there are the stomatitis of *chlorate of potassa;* the scarlatinoid-sore-throat and eruption of *belladonna;* the ague-headache and fever of *Peruvian bark;* the congested liver of *iodine* and of *mercury;* the lung-inflammation of *tartar-emetic;* the syphiloid horrors of *mercury;* &c., &c.

III. The homœopathic dogma insists, that to effect a cure we must select a medicine which, when administered to a healthy subject, is capable of setting up a group of symptoms closely resembling those of the natural disease.

Now comes the important question—are there facts in existence, to prove that medicines *will* cure natural disease-symptoms, similar to those which distinguish their own pathogenetic actions on the healthy body; for the existence of such facts must place beyond cavil, the claim of homœopathy to be called scientific medicine? The answer may be gathered from the writings of our very opponents: thus—*arsenic*, which in poisonous doses causes purging, vomiting, griping, collapse, &c., is given by the allopathic school—as well as by the homœopathists, from whom they borrowed their knowledge—in choleraic diarrhœa. The same substance produces chest-symptoms, such as oppression of the breathing, and cough; yet homœopathists (*first*) and allopathists (*after them*) give it in cases of asthma and phthisis. That *arsenic* will produce a skin disease, resembling eczema, we know on the

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authority of Pereira and others; yet *arsenic* is the re
for natural eczema. *Ipecacuanha* gives rise to vom
yet we have the evidence of Dr. Simpson of Edinl
an allopath indeed—that he has cured, by its mean
vomiting of pregnancy, when all else failed. The
drug causes a disease simulating spasmodic asthma
—Pereira bearing witness—it is the authorized reme
the natural disease. There would not be much diff
in running, thus, through the whole repertory of c
and in proving their homœopathicity to diseases in
even our opponents prescribe them; but we shall co
ourselves with the following quotation from an allo
work—*Fletcher's Elements of General Pathology.*

"Every day's experience," writes Dr. Fletcher,
nishes us with examples of the truth of the homœo
doctrine, at least in some instances, the several subst
operating in producing and curing each its own cl
diseases, sometimes directly, and at others indirect
by sympathy. Do we not continually give *purgati*
the cure of diarrhœa? as erroneously supposed, fo
purpose of carrying off some offending matter, the
sumed cause of the discharge: and how often is *alo*
of the common causes of piles, a means of effec
removing them when already present? Among diu
also, cantharides, as well as the turpentines and bal
are not more effectual in removing gleet, and cata
the bladder, when present, than they are under othe
cumstances in occasioning them; and, among diapho
tartar-emetic has, according to our own personal
rience, excellent effects in stopping a diaphoresis, eff
as it is, as everybody knows, when no such aff
exists, in exciting it. The sweating-sickness was tr
formerly by diaphoretics. Further, among the t
cinchona, the chief remedy of intermittent fever
present, is said to be capable of producing this when

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and indeed it was from noticing this effect upon himself, that Hahnemann was first induced to prosecute and systematize the theory in question. Tartar-emetic, also, in large doses (when it is rather to be considered a tonic than either a nauseant, a diaphoretic, or a sedative), which as everybody knows, is one of the most efficacious means of combating inflammation in general when it exists, is almost equally sure to produce it when it does not. But the medicine which is most illustrative, in its various operations, of the truth of the homœopathic doctrine, is *mercury*. The occasional effects of this mineral in producing laryngitis, iritis, ptyalism, and numerous other inflammations and their consequences, are abundantly well known; and what remedy is so effectual in removing, as generally acknowledged, the two former, and, as not long ago proved by Duncan and others, the latter also. Nay, the effects of mercury in curing lues venerea are dependant probably upon its power, where no such disease exists, of producing one, if not identical with it, certainly very similar, in its specific effects upon the throat, skin, bones, and other organs to the one in question. Lastly, among the narcotic medicines, the effects of alcohol in removing as well as in exciting delirium tremens, in all its degrees, have been already alluded to, and are sufficiently well known. But not only medicines, but other remedial agents, furnish equally conclusive evidence of the truth, in certain cases at least, of the homœopathic doctrine. Thus, what is the blacksmith's remedy when he has scorched his finger? is it not holding it again to the fire, for the purpose, as he expresses it, of drawing out the heat? And what is Dr. Kentish's treatment of burns in general? is it not by heated oil of turpentine and other stimulant applications, for the purpose, as he presumes, of bringing the inflamed part gradually, not suddenly, down to the line of health? This is not the true explanation of

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the benefit so derived, but the benefit is nevertheless unquestionable."

IV. The doses in which homœopathic remedies are necessarily administered, although the object of ridicule to those who have not studied the subject, are really evidences of the scientific character of that system of healing. Dr. Pereira, as we have shewn, on former occasions, although a most determined opponent of homœopathy, often gives, unintentionally, most valuable evidence in its favour. Thus, in objecting to the doctrines of Hahnemann, he expressly states:—"In many cases, homœopathic remedies would only increase the original disease; and we can readily imagine the ill effects which would arise from the exhibition of acrids in gastritis, or of *cantharides* in acute inflammation of the bladder, or of *mercury* in salivation."

Now, the value of Dr. Pereira's argument may be understood, when we remember how frequently he has unwittingly shewn the homœopathicity of drugs. From him we learn that *ipecacuanha causes* and yet *cures* similar states of spasmodic asthma; that *arsenic causes* and *cures* similar forms of skin disease. From Dr. Pereira we derive, also, the following information:—"In chronic inflammation, *induration*, and enlargement of the *liver*, after antiphlogistic measures have been adopted, the two most important and probable means of relief are *iodine* and *mercury*, which may be used either separately, or conjointly. If the disease admit of a cure, these are the agents most likely to affect it. *Iodine, indeed, has been supposed to possess some specific power of influencing the liver, not only from its efficacy in alleviating, or curing certain diseases of this organ, but also, from the effects of an over-dose. In one case, pain and induration of the liver were brought on; and, in another, which terminated fatally, this organ was found to be enlarged, and of a pale*

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rose colour." A strange argument, forsooth, from the pen of an allopath, to shew that *iodine* is "*the most important and probable*" remedy, for that which it *causes*—namely, induration of the liver!—

"et tamen alter,
Si fecisset idem, caderet sub judice morum."

To be consistent, Dr. Pereira should have warned his readers of the danger of increasing "the original disease," as he did, in the objection to homœopathy, which we have quoted above.

We have endeavoured to shew:—

1°. That drugs have the power of producing, in the healthy body, symptoms closely resembling those of natural disease.

2°. That a drug will cure natural disease symptoms, if they correspond with those which it is capable of establishing in a healthy organism.

Now comes the question of dose. It is not sufficient that we should have established the truth of the fundamental law—similia similibus curentur;—the judicious administration of the homœopathic remedy is necessary to the establishment of a "scientific medicine." In the exhibition of *iodine*, in induration of the liver, surely Dr. Pereira would have endeavoured to prevent an aggravation of the disease, either by the smallness of the dose, or the limited duration of its administration. There was a time when, in the treatment of *lues*, *mercury* was thought necessary in doses so large and continuous, that it was wont to establish symptoms of its own, resembling, yet perhaps more fatal than those of the original malady. *Mercury* is still given in the same disease—but salivation is now an exception, and not the rule. How is this? Simply because experience has taught our colleagues that it is dangerous to employ doses large enough to induce

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drug-symptoms;—but, more especially, because they ha discovered that the curative action may be obtained, mo fully, and more successfully, by the administration quantities too small to affect, sensibly, the condition the patient. Dr. Hunt, in his work on the skin, tells us "It is a remarkable fact, that doses large enough to di turb the system generally, have no power over cutaneou diseases, which will yield to smaller doses; so that it curative powers appear to reside alone in doses too smal to be mischievous." Dr. Simpson of Edinburgh, relieve the vomiting of pregnancy, not by giving a dose of *ipeca cuanha* large enough to induce vomiting, but in th quantity of one drop.

The knowledge which our allopathic brethren hav gained by experience, in the few cases to which we hav referred, is the result of inductive reasoning in the hand of the homœopathist. "The effects of *mercury*," say Dr. Fletcher, whom we have previously quoted (*Elemen of General Pathology*), "in curing lues venerea are de pendent probably upon its power, where no such disea exists, of producing one, if not identical with it, certainl very similar, &c." Is not this a reason why the physicia should try to save his patient from the over-action of th drug? *Arsenic* will cause an artificial skin disease in th healthy body. Is not this a sufficient reason why D Hunt and others should give that mineral in quantiti too small to aggravate the original disease? And so wit *ipecacuanha* in vomiting;—and so with every medicin which is homœopathic to the disease in which it is em ployed.

When Hahnemann first essayed to prove the homœ pathic law, he experimented with the usual doses of crud drugs; and it was only eventually, that he was compelle in every case, as Dr. Hunt was in the one exceptionabl case of *arsenic*, to seek for doses that should have th

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power of curing without aggravating the disease, or inducing symptoms of their own. That, in their truly philosophic research, Hahnemann and his followers should have made discoveries as to the dynamic power of medicines, which are incompatible with the experience of gross drug-givers, and are, therefore, ignorantly scouted, is no more wonderful than that the microscope should have rendered visible the myriads of creatures, hitherto beyond our ken; or that spectrum analysis should have printed its revelations upon the page of scientific history. The prosecution of curative dynamism, beyond the test of weights and measures, is no mean triumph of scientific research; and, when the scoffer can determine the limit of matter's divisibility, or can prove that the specific curative power of any drug is alone found in the mass, and not in each individual atom—*then* may he, with some shew of justice, brand with the infamy of quackery and imposture, those who have *examined*, and *therefore believe.*

"Moreover," writes the allopathic authority, Pereira, "moreover, it is to be remembered that some of our most powerful poisons prove the most efficacious remedies, when given in such small doses, that they excite no other obvious effects on the system than the removal of morbid symptoms." It is to accomplish this *desideratum* in all cases, to obtain only the *curative*, and not the pathogenetic action of drugs, that Hahnemann and his followers have established their system of small doses—for, a medicine which is capable of producing symptoms similar to those of the disease, must, when administered to an organism rendered morbidly sensitive by that disease, be given in very small quantities—if we are to "excite no other obvious effects on the system than the removal of morbid symptoms."

HOMŒOPATHY BEFORE THE LONDON MEDICAL SOCIETY.

An allopathic contemporary indignantly denies the trut of the statement in our obituary of the late Mr. Kingdon that "for many years he was parcel-homœopath, an parcel-allopath." If our allopathic friend will take fro his book-shelves the volume of the *Lancet* for the secon half-year of 1836, he will find (Oct. 15th,) a long repo of a paper which Mr. Kingdon read before the Londo Medical Society. That he *did* touch what our contemp rary calls "the unclean thing," is very evident;—and th report of the discussion upon the paper—and the narro escape of Mr. Kingdon from being tabooed for reading i will doubtless explain why he shrunk from a furth investigation of that which he believed to be "true b strange."

We cannot afford room for the whole of Mr. Kingdo paper—but we will endeavour to extract from it some his interesting cases. Of course, every man's mind is formed to bear unshrinkingly the shafts of ridicule, cold contempt of former friends, and the most untir slanders of opponents,—and the lesson that Mr. King received on the presentation of the paper to the soci may have alarmed him;—but, otherwise, we can scarc imagine how any man, who had seen, and experiment as Mr. Kingdon had, should have still followed the conj tures of old physic.

"Among the medicines with which Dr. Quin favoured was 'matricaria chamomilla,' the dose being the twentieth of a quadrillionth, by dilution of a drop of the essential tinct This tincture is made by mixing equal parts of the expres juice of the whole plant with an equal quantity of spirit wine.* This being permitted to stand for one day, the cl

"* The matricaria chamomilla is gathered while in flower, fi

HOMŒOPATHY BEFORE, ETC.

liquor only is poured off, as the essential tincture, leaving the albumen and fibrine which might have been expressed with the juice. Thus I consider the essential tincture to contain only one-third of the juice of the plant. Amongst other virtues attributed to this medicine, was the relief given in tooth-ache, where there was inflammation of the jaw and cheek, and where relief was temporarily obtained by putting cold water in the mouth. At this time I had a gratuitous patient, with greatly inflamed jaw and swollen face, much constitutional fever, constipated bowels, and intense head-ache, for which I had prescribed an active anti-phlogistic and aperient mixture. She came to me in three days, relieved from the fever, constipation, and head-ache, but declaring that she could get no sleep, from the acute pain in her jaw, which was still much inflamed. I directed her to avoid such diet as I had been taught was likely to act as antidote to the medicine, gave her a dose of the chamomilla, to put into her mouth at bed-time; and though I do not see gratuitous patients more than twice a-week, told her to come to me on the next morning, when, if she were not better, I would order something else. She did come the next morning, and told me that she had slept all night, and felt that she was getting quite well. I laughed, attributed the relief to my anti-phlogistic mixture, and thought the medicine lucky to have been so opportunely given. This case, however, told nothing against the medicine.

"On the same night I went into the country by mail, it being Saturday, and returned on Monday, at eleven o'clock. I found Mrs. Kingdon suffering from inflammation of the jaw, and such acute pain, that she had had no sleep for two nights. She had been putting cold water into her mouth, constantly, as it relieved her while cold. Forgetting the new medicines, I was about to order leeches and fomentations, when it occurred to me to ask her if she would try 'a chamomilla?' 'Anything, anything,' was her reply, 'for I shall go mad if this pain continue.' I found

June to August. The root, stalk, leaves, and flowers, are bruised together, after having been cleansed from impurities."

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some patients waiting, and attended to them, thus occupyin nearly an hour, when I was informed that Mrs. K. was gettin worse and worse, and must be attended to. I sent her a cham milla powder, which she applied to her gum, not having bee directed what to do with it. I saw her in half an hour; she wa free from pain, but had that peculiar feeling which is usual present after severe pain. She almost wished to have the pai again, to try whether a little powdered sugar would not have a equally good effect. I again laughed, and but that there was ev dent inflammation, should have considered it one of those sudd subsidences of pain which we occasionally experience.

" * * Chamomilla has appeared to be productive of the m satisfactory relief in many cases of irritation from teething children. After several restless nights, a good night has s ceeded the taking of a 'chamomilla,' and the child has b relieved on the following day. Diarrhœa in children, w they are teething, has subsided, and the state of the bowels become comfortable after taking chamomilla.

" A gentleman, who had what he called a 'constituti diarrhœa, for he was never from home without laudanum in pocket, and all treatment had previously failed except as to t porary relief, told me that he was better after I had given chamomilla, than he had been in his recollection before, begged a powder to carry in his pocket, instead of the laudan About a month after this, I met him in the street, and he me that he had not since been inconvenienced by the diarrh I have since learnt that, on going to Leamington, he ha fresh attack, but I have not seen him.

" A physician in the country gave his child, a boy about th years old, rhubarb and soda, three times a-week, to keep check irritable bowels. I advised him to give a 'chamomi He did so, two months ago, and the child has not been do since.

" A poor man brought me a letter from the country, requ ing me to say if I thought anything could be done for him, if so, if I would have the goodness to try to benefit him— writer, a lady, would see that he was supplied with such diet

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aid as I might direct. He came staggering into my room like a drunken man, spoke, looked, and in a manner moved something between that of an idiot and that of one who was drunk. He was very deaf, and had been in this state for between four and five years, when, as he said, he had 'St. Anthony's fire in his head,' and the doctor told his wife that he could not live,—that he had been under many doctors, had had setons, issues, blisters, &c., applied, without any good effect resulting,—that he was originally a jobbing gardener, but now could do nothing in that way, as his head was always turning round, and he was for ever tumbling down.

"I thought I would try the 'do-nothing' medicines; made no promise, except to attend to him, if he came according to my directions, and claimed the lady's assistance to procure him simple nutriment. In about ten days he came, saying he was better, which was fairly attributable to better diet and the excitement of a new doctor, to get to whom he had the difficulty of seven miles to overcome. In the course of treatment for vertigo, I gave him 'a phosphorus,' one-twentieth of a decillionth. In a fortnight he returned to me, in great joy, saying, 'I am sure I am better, now, sir, for the last medicine has cured my deafness.' I stared, and referred to the Hahnemannic account of phosphorus, and found that it there professed to be one of the proper remedies for deafness. I state this just as it occurred.

"A gentleman called on me, late at night, to visit his child, who seemed suddenly to be taken with some serious illness. He had for some time wished that I would permit myself to be considered his medical adviser, which I had declined, as out of my usual practice, though this sudden call could not be parried. I found a boy, four or five years old, who had given some proof of indisposition in the early part of the day, with a stinging heat of skin, a pulse strong and unnotable, a tongue clammy, and sticking to the roof of his mouth, and so far delirious as to require some time to effect his recognition of his mother and nurse. I inquired if any disease was in the neighbourhood, and if any particular illness was suspected. Scarlet fever was the disease suspected, and, so far as I could judge from former ex-

perience, particularly from the unfortunate experience of my own family, had commenced with excessive violence. I ordered calomel and tartarized antimony, my favourite medicine at the commencement of diseases of children, when threatening to be serious. I thought the child so ill, as to require seeing early in the morning, and when I arrived, I found that the bowels had been relieved, and also the stomach, but the skin, the pulse, the tongue, and the mental aberration, were rather more alarming than on the night before. He had passed a wretched night. I gave an aconite, and saw the patient in about five hours; the improvement was amazing: the skin was comparatively comfortable, the pulse 96, the tongue easily moveable in the mouth, and the mind calm. Some red points on the tongue, and some thickness in the throat, together with some efflorescence on the skin, seemed to prove the correctness of diagnosing scarlet fever; but the case was mild at this time. The patient was seen again at night; the tongue had become redder, and the efflorescence had increased, but the child was comparatively comfortable. 'A belladonna' was left, to be given in the night, should the affection of the throat, or any other symptom, become aggravated. I saw the child again early next morning, for I felt the heavy responsibility of acting upon a new plan. The belladonna had not been given, the child had had a quiet night, though, from the breathing, and the sound of the voice, I thought the throat a little more obstructed. I gave the belladonna. The efflorescence increased sufficiently to demonstrate the scarlet fever. The throat became slightly enlarged at its exterior, but the child complained of nothing further, except weakness in its limbs. It took plain nourishment, it played with toys upon the bed, and passed its nights comfortably, applying to its nurse once or twice in the night for toast-water. The bowels, after the action of calomel and antimony, became sluggish, but no general bad symptom resulted. In about eight days from the commencement the child desired to get up, and, though weak, for a while amused itself about the nursery as usual. In this case, as the chief relief of symptoms was accompanied by the appearance of efflorescence, there was reason to think that the calomel and

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antimony, though not immediately producing benefit, placed the patient in a state to go through the disease mildly.

"About the time of this patient's getting well, I was called (late at night also) to another boy, about ten years old, of full habit, living in the same house, but not of the same family, he being a pupil in the school, and boarding with the master of the house, who is one of the masters of the school. The symptoms of this boy were equally violent; the wandering of the mind was rather greater, and as I had acquired more confidence, and intended to visit again early in the morning, I gave an aconite. The report in the morning was, that in about half an hour after taking the powder, he ceased rambling, became comparatively cool and quiet, went to sleep, his sleep lasting all the night, except that he occasionally awoke, quite sensible, and asked for toast-water. The guttural sound of his voice was more evident, and some efflorescence became apparent. He had 'a belladonna,' and the same quiet state of recovery became established. This boy had, after the fourth day, two globules of bryonia alba, of the 10illionth dilution, dissolved in eight doses, taking one night and morning, as I fancied the existence of something like continued fever after the subsidence of the eruption. This patient had no other than the Hahnemannic medicines.

"Another boy, of about six years old, brother to the first, was attacked, and became so well in a few days, after taking 'an aconite' and 'a belladonna,' that he got up, and, the weather being fine, was permitted to take an airing on Putney Heath and Wimbledon Common. Two days after this he became feverish, and his throat again enlarged, and, being a child of great nervous susceptibility, his symptoms assumed the character of a slight attack of chorea. For the throat, 'a mercurius,' of the quadrillionth attenuation, was given, and was succeeded by amendment. After this 'a bryony,' in eight doses was commenced, but only three doses were given, in consequence of his complaining of excruciating head-ache, and I did not feel quite at ease with my new remedies. This boy did not recover from the effects of the relapse, until he went to the sea-side.

"Two girls, the one aged between eight and nine years, and

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the other between three and four, of the same family, had scarle fever, and recovered, taking only aconite and belladonna; bu the experience of the former case guarded them from the dange of relapse.

" Thus, five cases of scarlet fever in the same house, two o them as violent at the commencement as any I ever saw, go well, after taking the Hahnemannic medicines. Belladonna preceded by aconite, is considered to be a specific cure for tru inflammatory quinzy, and I waited some time for an opportunit to try it, until one morning, as I was leaving home, a gentlema of the legal profession called on me to do something for a sor throat, which had caused him to awake, on the night befor shortly after he had gone to sleep, and he had been gettin worse ever since; he said that he could not swallow withou great pain, and could scarcely speak, and yet he had business great consequence to attend to at Westminster on the next da He had considerable head-ache, his pulse was full, and had not been hastening to an appointment, I certainly should ha bled him, not thinking it right, in so pressing a case, to ventu on what was to me an entirely new plan of treatment. Th throat was extensively inflamed, and both tonsils projected the size of two large nutmegs. I directed what should be h diet, at which he smiled, being, as he said, incompetent swallow anything. I put 'an aconite' on his tongue, and ga him 'a belladonna' to take four hours after, and request that, if I did not call upon him by seven o'clock, it then bein nearly one, he would send to me. About seven o'clock I call upon him, and found him writing. He told me that he h been getting better ever since I had put the powder into h mouth; that he had taken not only some plain mutton brot but was able to eat some of the mutton, and though his thro felt 'very queer,' he was 'quite a different thing.' The on difference I noticed in the throat was, a considerable diminuti in the intensity of the redness. I directed that if again wor in the night, he should send for me, and, at all events, let n hear from him early in the morning. At eight o'clock on t next morning I received a note, saying, that he had passed

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good night, was about to take a good breakfast, and would call on me in a few minutes, on his way to Westminster. He did call, and I found his throat much altered in colour, but still swollen. I advised that he should be very careful, and let me see him every morning. I did not see him for five days, when I called upon him. Jocosely hiding his face, he told me that he had something else to do than call upon me when he had nothing the matter with him. His throat had assumed a natural and healthy appearance.

"Coffee, of the millionth dilution, is one of the Hahnemannic sleeping potions, and sleep has succeeded its administration, but in those cases only where its absence seemed to arise from wandering or restlessness of the mind. A young clergyman, who had been striving for a lectureship, after he had preached his probationary sermon, lost his power to sleep. He went to the sea-side, and fancied that by staying too long in a bath he had got a dull, heavy, head-ache. In this state he came to me, giving evidence of a much over-wrought mind, complaining of dull head-ache, and total want of sleep. I feared the consequences. I dreaded active treatment. I encouraged him, directed his diet for the day, and gave him 'a coffee,' to take at night. He came to me on the next day; he had slept well. He had another 'coffee,' and came to me on the second day after, leaving one day without a visit. He had slept both nights. His head-ache was much relieved by sleep, but he was not well. He was weak, and his bowels were torpid. I gave him some pills, containing quinine, and a little compound extract of colocynth. They did him no good. In about three weeks after his first application, his sister called on me, to state that her brother's forgetfulness was alarming, that he would ask the same questions five or six times over in the same evening, that he would leave the house for the purpose of doing something, and being questioned on his return, would have forgotten for what purpose he left the house. In this state I saw him, and having been disappointed in my favourite pills, I again referred to my books, and there read that phosphoric acid, of the trillionth dilution, was given for forgetfulness. His sleep had

again failed him in part. He had another 'coffee,' followed by a good night, and on the following day he took phosphoric acid. I saw him four days afterwards; he declared himself to be better, and had been able on the previous day, Sunday, to arrange his business, and pursue it systematically, which he had not been able to do for many Sundays. Ten days afterwards I saw his sister who informed me that 'she thought him getting quite himself again.' Phosphoric acid is said to continue its action during forty days. Coffee has never even appeared to be followed by sleep, where the want of it was evidently produced by disease or pain.

"A young woman, about twenty-five years old, consulted me, with a hard tumour occupying the right side of the abdomen, and producing an enlargement, giving her the appearance of a woman in the last months of pregnancy. I treated the case with iodine, and with much improvement and diminution in size. After three months' treatment I lost sight of her for more than six weeks, when she returned, as large as at first, saying, that she had been very ill, and that her doctor had told her it was inflammation of the womb. This being the second case where inflammation of the womb had seemed to be produced by the use of iodine, I was cautious in my future treatment, and made no way. The most troublesome symptom was the almost impossibility to get the bowels to act, and after trying every variety of purgative, I sent her to Dr. Quin, with whom I had just then become acquainted, telling him that if any of his medicines would act upon her bowels, I should be more than half a convert. He replied, that he did not expect the infinitesimals to overcome mechanical obstructions, but that he should commence the treatment of such a case with sulphur, of the billionth reduction, given two nights following, and then one common dose, divided, by mixture, into eight doses, taking one every night. Strange to tell, the woman's bowels began to act on about the fourth day, and continued regularly to act, daily, for several weeks; when, to my no small astonishment, no hard tumour could be felt through the parietes of the abdomen. I lost sight of her for some time, when she returned,

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because her bowels would not act, and up to this period no hard tumour is to be felt externally, but on examination by rectum and vagina, there is considerable pressure made on both by what I have no doubt is the remains of the original tumour. This woman believes that she was born with the tumour, as she never remembers being without it.

"The wife of an unfortunate and unengaged clergyman brought to me a delicate boy, nine or ten years of age, the only one she had living of several children. He had been for some time a patient of Dr. Pearce, and was brought to me on that gentleman's retiring from practice. He had a pale face, bad digestion, morbid appetite, and a hard tumour occupying the whole space from the right hypochondrium to the pelvis, with a constant pain across the loins. I did all that I could to improve his health. I tried different preparations of iodine for the tumour, and after some time applied the emplast. hydrar. c. ammoniaco. The health improved slightly, but the tumour rather increased, and seemed to project a little at one part. I sent him to my friend Mr. Macilwain, who, when I was surgeon to the City dispensary, (he being surgeon to the Finsbury,) had coalesced with me, so that we consulted each other in all interesting cases occurring in either dispensary. My friend's prognosis was unfavourable, as mine had become after some month's trial, and although he suggested some judicious mode of treatment, I determined to avoid any trials founded on our unfavourable opinion, and commence the treatment with Hahnemannic sulphur, having a recollection of the woman's tumour. The boy took two globules of a billionth of sulphur at night. Two globules dissolved in eight doses, he taking one every night, so that a repetition was required on every ninth night. His health improved amazingly, and he had been taking this medicine for about six weeks, when, on the approach of the Midsummer holidays, the mother informed me that she could take her son into Yorkshire, for the vacation, as the saving in board would pay the expense of travelling, if I thought there was no danger of his being seriously ill without my being near enough to be consulted. I advised the

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change by all means to be adopted, and supplied medicines continue the ninth-day repetition until his return. He return without his tumour. I sent him to my friend, who, I lea from the mother, was so astonished, that he requested her give him as clear an account as she could of the proceedi The boy continues well.

"A gentleman called on me one morning, saying that he very ill, that he suffered great pain from constipation, l large quantities of blood, had constant pain and weight at stomach, and felt so oppressed and weakened that he co hardly walk to and from his place of business, and when th was incompetent to attend to it. I directed his diet, and g him 'a nux vomica,' two globules of a decillionth. In th days he said that he felt better. In nine days he repeated nux-vomica, and five days afterwards called on me to say he was never better in his life. Nux-vomica is a favou stomachic medicine, where there is weight and the sens oppression at the scrobiculus cordis, constipation, and position to piles."

CASES OF VARIOLA AFTER VACCINATIC WITH REMARKS ON THE SUBJECT RE-VACCINATION.

By Dr. Baikie.

The first case here related occurred some years ago, w I was in practice at Tunbridge Wells; the notes o were drawn up for the purpose of being read before British Homœopathic Society, but this having been s dentally prevented, they were thrown aside until occurrence of an epidemic of variola in this place, a of which took place in my own household, reminded of them. Much discussion took place in the local pa as to the necessity or prudence of re-vaccination; ar append a few remarks on this subject, more for the

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of eliciting the opinions of others more experienced than myself, than from any idea of their intrinsic value.

Case I.—The subject of this case, a young girl of 15, had been a patient at my Dispensary a month previously, for an affection of the heart, consequent on rheumatism, attended with slight gastric derangement. For these affections, *spigelia* and *naja tripudians* were prescribed, which relieved her so much that she went into the country to assist in the hop-harvest.

On the 16th she was reported to me as having come back from the country very ill; that her head was confused, and she talked wildly. On going to see her next morning, I found that the delirium had yielded to a dose or two of *stramonium* sent her, but she was very feverish, and her face and arms were covered with an eruption resembling measles, for which I mistook it, as she had also catarrhal symptoms; she had also sharp pricking pain in the region of the heart. *Aconite* and *bryonia* in alternation were prescribed, and speedily subdued the fever In the course of the next two days the catarrhal symptoms disappeared, and the eruption came out more copiously, being now unmistakably variola. The pustules were very numerous and close set, but not confluent, on her face, hands, arms, and legs; less so on the body. The whole surface was smeared twice a-day with a piece of fat bacon, afterwards with prepared lard, which had a most soothing effect, and assisted greatly in the maturation and desquamation of the pustules. This is a practice which I learned in Germany, where it was first introduced by a Dr. Schoenlein of Hanover, and was employed in all eruptive diseases by my late lamented friend, Dr. Scharfenberg, a celebrated hydropathist, and one of the ablest men I have ever met, in or out of the profession. Dr. S. informed me that even in the worst cases of confluent variola, he had never known the pustules to form pits or

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leave marks, when the inunction had been practised sufficiently early, and persevered in throughout. In my own comparatively limited experience, I have found it of the greatest use in all exanthemata, moderating the fever, and relieving the irritation, tingling, and heat of the skin which, to children in particular, are so unpleasant.* The other remedies used were *tartar emetic* in the eruptive *merc. sol.* in the suppurative, and *sulphur* in the desiccating stage. Under their influence the disease ran its course in ten days, without a single untoward symptom, and she is now in better health than before the attack.

On inquiry into the history of the case, it appeared that the girl had been successfully vaccinated when a child that a short time before, one of her sisters had returned from London with slight fever on her, accompanied by an *eruption* on her arms, which, however, had passed off in a day or two; and that, except in this way, her parents were not aware of her having been exposed to infection of any kind. Some of her younger sisters (all of whom had been vaccinated) had slept with her up to the day of her being taken ill, but showed no symptom of taking the disease.

The second case has just occurred in my own household. A young and very healthy woman, of florid complexion was seized on 1st January with fever, pains in the limbs sore throat, and severe headache. It was treated as a cold, with *aconite* and *belladonna*, which speedily subdued the fever and relieved the headache, which, however recurred at intervals, and was attended with occasional sickness. On the fourth day an eruption made its appearance, first on the hands, then on the body and limbs finally on the scalp, among the roots of the hair, where it

* In a late number of the *North American Journal of Homœopathy* (the reference to which I have mislaid), I observe this practice has been introduced into America, and attended with great success.

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was *very copious*, but only a few on the face, and was easily recognizable as variola. The case was treated precisely as the former, by inunction with bacon externally, and *tartar emetic* and *mercurius* internally; it ran through the usual stages, and she was convalescent on the eighteenth day. She had been successfully vaccinated as a child.

Both these are evidently cases of modified small-pox occurring after vaccination, and in themselves present nothing remarkable. My object in bringing them forward is to ventilate the subject of the nature, extent, and degree of protection from variola afforded by vaccination. My own experience in the matter is rather limited. During my long and extensive practice in India, I do not recollect seeing more than six or eight cases of variola in Europeans, either primary or after vaccination. Since my return to Europe, eighteen years ago, I have heard of many such, and particularly within the last few months, when some hundred cases are stated to have occurred in this place, with a large proportion of fatal results; in fact, there seems a general impression abroad, that vaccination is losing its preservative power, and, to say the least, requires renewal. Much of this doubtless may be traced to the deterioration of the lymph by its passage through a great variety of constitutions, and points to the necessity of renewing it frequently, by recurring to its source in the cow.*

Without entering into a theoretical discussion, I prefer stating the results of the extensive experience of my friend Dr. Scharfenberg, above alluded to, which is the more valuable, as he was totally free from all prejudice, and,

* I was, while in practice, in the habit of using vaccine lymph taken direct from the cow by a druggist of the name of Badcock (formerly settled at Brighton, now at 148, Camberwell Green, London), who kept some of these animals for the purpose, and I believe still supplies it.

from his position as Kreis-Physikus, or District Physician in a large district of the Odenwald, had more extended means of observation than fall to the lot of most men. The following were his opinions, in a condensed form:—

1. That the protection afforded by successful vaccination is, as a rule, perfect *for a time*.

2. That this time, however, varies in different individuals: in the case of children, it generally does not extend beyond the age of puberty, after which period he recommended it *always* to be repeated. In all Continental armies, when conscription prevails, I understand it to be a rule that the conscripts should, on first joining the army, be re-vaccinated, and that a notable proportion of them (I think a large majority) take the disease.

3. He considered vaccination as successful only when the appearance of the pustule was attended with a *considerable* degree of local inflammation and symptomatic fever; and to insure this, he always made at least five or six punctures in the arm, at some distance from each other. I may here remark that I have always latterly, in addition to making several punctures, adopted Hahnemann's plan of giving one or more doses of a high dilution of *sulphur* to the patient, and that I have every reason to believe that this plan secured the coming out and malevolence of the pustules better than when it was omitted.

4. He thought it highly advisable to have recourse every now and then to the cow for a fresh supply of matter; at the same time, his experience led him to consider the lymph as more efficacious when it had been, so to speak, *humanized* by passing through the systems of one or more healthy children.

5. Finally, he was decidedly of opinion that even when variola did occur after vaccination, it was greatly mitigated and rendered comparatively harmless thereby.

All these dicta are strongly confirmed by both the cases

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above related. The first patient had just passed the age of puberty, the catamenia having appeared about six months before; and in both cases the *complete* protective influence of vaccination seems to have ceased. The disease seems to have been greatly modified in both cases; and in the first case, vaccination seems to have still protected the younger sisters, who had not reached the age of puberty.

During the alarm created by the late appearance of the epidemic in this place, a great number of grown-up people of the better class were re-vaccinated, and as far as I can learn, a majority of these took the disease, thus apparently confirming the prudence of the precaution.

THE PHILOSOPHY OF THE HOMŒOPATHIC LAW—"LET THE LIKE BE TREATED BY THE LIKE:" AND THE RATIONALE AND LIMITATIONS OF THE PHYSIOLOGICAL DOGMA—"LET THE SAME BE TREATED BY THE SAME."

By Dr. Eadon.

Part I.

"Let the Like be treated by the Like."

(*Similia similibus curentur.*)

What is the meaning of the Hahnemannic law—"Let the like be treated by the like?" what is its legitimate domain and sphere of limitation, and wherein does it differ from the dogma—"Let the same be treated by the same," with which it is so often confounded?

All substances which subserve the human organism consist of drugs and hygienic agents. These substances have intrinsically different properties. Hygienic agents are in relation to health; drugs. in relation to disease. Health, with physiological adjuncts, stands on one side of a sort of human equation; drugs, with symptoms and

pathological conditions, stand on the other. Hence, every disease should suggest the drug in curative rapport with it; and every drug, from its known pathogenesis, should at once, indicate the disease.

The universe is a cosmos of forces. Man is surrounded with forces—morbific and physiologic. In our organism, there is implanted by the Creator, a receptivity to the action of these morbific forces. So long as the body can preserve its physiological integrity, their action is not felt. If, however, from any remote cause the harmony of the organs and tissues becomes disturbed, these cosmic morbid forces at once come into action, by virtue of an innate tendency on the one part, and a natural receptivity on the other, and disease, with its phenomenal signs, and pathological states, is the necessary result. The word—DISEASE, is symbolical, not of a *unity*, but of a *trinity*, and is, in fact, the representative sign of three conditions, viz.:—first, the cosmic or morbific force; secondly, a natural corresponding receptivity in the organism to be acted on; and thirdly, a development of what is usually termed *disease*, *i.e.*, the manifestation to the senses of groups of symptoms, and pathological states.

Drug-forces are cosmic-forces, enchained in the molecules of matter, and are of the same order as the natural morbific, or disease-creating forces. Certain forms of matter in the animal, vegetable,[5] and mineral kingdoms, have a God-given receptive power to embody these cosmic forces; and, when a union between a cosmic force and a certain form of matter takes place, a DRUG, as it is called, takes place. The word DRUG is, in fact, symbolic, not of a *unity*, but of a *trinity*, and is the representative sign of three conditions, viz.: first, the cosmic principle or force; secondly, the God-given germinal tendency in the substances to be acted upon; and thirdly, the development of a new form of matter. Here, then, are TWO TRINITIES,

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one of *disease*, and one of *drugs*; and it is the correspondence between them which establishes the law of "*Similia similibus curentur*," as one of the inflexible and everlasting laws of God. Arranged in a tabular form they stand thus:—

The Trinity of Disease.	*The Trinity of Drugs.*
1. Natural, cosmic, or morbific force.	1. Natural cosmic forces or agents.
2. Organic tendencies susceptible of being acted on by these forces.	2. Germinal tendencies in matter ready to imbibe these forces.
3. Phenomena produced—called *disease*.	3. New forms of matter produced—called *drugs*.

The word *disease*, then, is symbolic of a trinity, and the word *drug* is also symbolic of a trinity; and the cosmic force of the one is either identical with, or belongs to, the same order of forces, as the cosmic force of the other. The organic receptivity in organized bodies of the one, is correspondent to the receptivity in germinal matter of the other; and the resultant phenomena of the one are in correspondence with, and similar to, those of the other. The fact, that the cosmic force of disease, and the cosmic force of drugs are identical, or belong to the same order of forces, really constitutes the foundation-stone on which the Temple of Homœopathy is built, and is that which will render homœopathy, in due time, the GREAT THERAPEUTIC SCIENCE of every age and of every clime: and, the power to set up, by the administration of pathogenetic drugs, groups of symptoms and within conservative limits, certain morbid states, or conditions, in the diseased organism, approximative, correspondent to, or like the groups of symptoms and morbific states, or conditions set up by the morbific force, will constitute homœopathy the GREAT THERAPEUTIC ART of every age, and of every clime.

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If the cosmic-morbific force, and the cosmic-drug force are either identical, or of the same order of forces, how can the properties of the latter be made known, so as to manifest a similarity of phenomena with the former—symptomatic and pathologic? There is one mode only by which this can be done, and that is, by the testing of drugs on the healthy bodies of both sexes, of different ages, temperaments, and constitutions, and under a variety of conditions. In this way alone can the pure effects of drug-force-action be made known. Drugs, when tested with scientific exactness, CANNOT LIE. The results produced by them are essentially certain and reliable. When once proved, the groups of symptoms and pathological states induced will be known for all times, and stand ready for comparison with its correspondent cosmic morbific factor wherever disease reigns, and man is found.

If a drug, when tested on the healthy human organism, can produce a complete identity of phenomena throughout every link in the trinitarian chain, then the cosmic-morbific-force which produced the disease, and the cosmic artificially-producing disease force of the drug, are not only forces of the *same order*, but actually, essentially, and absolutely the SAME, or IDENTICAL FORCE.

Although these two forces may often be identical, yet a perfect similimum cannot be expected to take place, in consequence of the number of dyscrasias which pervade the universal body. Other morbific forces, having been previously in action, and left behind them their baneful impress, if the very same cosmic force embedded in the drug were in action at the same time, and on the same range of vital tissues as the corresponding morbific force, the groups of symptoms and pathological states could not be strictly, or absolutely identical, but must of necessity, be merely approximative, analogous, like, correspondent, or similar. There can be no doubt, whenever the drug-

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force and the morbific force are not only the same order of forces, but, bonâ fide, the *identical cosmic-forces*, in different *forms of manifestation*, the most complete similimum (not identity) will be obtained; and, whenever such conditions exist, the quicker, in every case, will be the restoration of the body from an abnormal to a normal or healthy condition. When, on the other hand, the drug-force, and the dynamic-morbific-force are not strictly *identical*, but belong to an analogous order of forces merely, then the number of similar, or correspondent conditions will be fewer, and, consequently, more than *one drug* will be required to restore the functions of the different organs to a healthful tone of action.

To sum up the philosophy of the law of similia in a few sentences. The drug-force, as a disease-curing agent, and the morbific-force, as a disease-producing power, being essentially identical, or belonging to the same order of forces, this fact constitutes homœopathy A SCIENCE. As the cosmic-force, embedded in a drug, can set up groups of symptoms and morbid conditions similar, very similar, (but not the same) to the groups of symptoms and morbid conditions set up by the natural cosmic or morbific-force, (and the greater the number of links which are alike in the trinitarian chain of disease, the more complete and perfect the similimum), this fact constitutes homœopathy AN ART.

The drug-force, having a greater affinity for the disease-producing force, then the naturally acting-morbific-force has for the physiological tissues—the organism, in this way, being left free from the action of a hostile invader—this fact explains THE RATIONALE of the action of all homœopathic medicines for the cure of disease, either when given in massive, or in infinitesimal doses. In short, the FORMULA OF HOMŒOPATHIC SCIENCE is:—*That the forces which create drugs, are either the iden-*

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tical forces of diseases themselves, or belong to the same order of forces as those which develop the correspondent disease.

The FORMULA OF HOMŒOPATHIC ART is:—*The power to develop in the organism similar, or correspondent symptoms, and pathological conditions (not the same) as those produced by the cosmic-morbific-force,* known by the formula 'similia similibus curentur.'

Lastly, the RATIONALE OF THE ACTION OF HOMŒOPATHIC MEDICINE IN THE CURE OF DISEASE is:—*That the drug-force having a greater affinity for the natural disease-producing force, than this latter force has for the physiological tissues of the body, the former, absorbing or neutralizing the latter, leaves the organism to resume its natural and harmonious action.*

To the question, then, so often asked by the highly educated, and by the big headed and intellectually developed members of society—what is the meaning, in its highest sense, of the law of similia similibus curentur? the foregoing is the answer. To those who have νους to perceive, it is the highest style of medicine, the grandest development of an unerring law, ever propounded for the relief of suffering humanity.

The SCIENCE and ART of homœopathy are no other, in fact, than the science and art of a UNIVERSALLY APPLICABLE THERAPEUTICS.

PART II.

THE RATIONALE AND LIMITATIONS OF THE PHYSIOLOGICAL DOGMA OF "LET THE SAME BE TREATED BY THE SAME."

IN the preceding Part it has been shewn, that sameness or identity between the cosmic-force and the drug-force, manifested in different externalia, constitutes homœopathy a SCIENCE in the proper acceptation of that term. Were

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the materialized form of the naturally disease-producing force identical with that of the naturally inducted drug-force, there would be a complete sameness both in substance and in essence. But that is not the case. Such has not been the fiat of the Almighty.

The forces *may be*, and *are*, often the same, but the embodiment, or externalia which invests them are different; hence their action on the organism is SIMILAR only, not *identical;* LIKE only, not the same. This idea or notion of SAME is very different from that which is meant when people talk about "same cures same."

To cure disease, by applying the exactly same substance which produced it, is a bonâ fide attempt to cure according to the dogma of *sames*, the cure agent being, in substance, essence, form, and properties, *identical* with the disease-producing agent itself; in short, the same in every respect. To constitute a cure, on the principle of SAMES, there must be a ONENESS throughout its whole totality of substantive atoms, in-dwelling force, forms, and attributes. The chain must have every link, else another principle, that of similia, instantly comes into operation, and the dogma of same is no longer applicable.

If the cure or modifying agent, according to the doctrine of "*let the same be treated by the same,*" be more intense in degree, but the *same* in substance, in-dwelling force, form, and properties, than the cosmic, or disease-producing agents, the symptoms, or external manifestations will be aggravated; if less intense in degree than the disease-procuring agent, the symptoms will be lessened or diminished, and, consequently, an amelioration in pain may, and will take place. For example, a hand is burned with a heated iron: apply another iron the *same in substance, form, properties and degree of heat,* on the principle of the "*same cures the same,*" and the pain will be intensified. If the iron were next made a few degrees hotter, and

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applied as before, the symptoms would be much aggravated; but if applied when a few degrees lower in the calorific scale, than that which occasioned the original burn, the pain would be lessened or diminished, and perhaps, if continuously applied, or held within a certain degree of approximation, so as to prevent the too sudden and the two great abstraction of heat by the surrounding atmosphere, an amelioration of pain, or even a cure, might be effected as alluded to by Shakspear:—

"Tut, man, one fire burns out another's burning."

In every case of "*same curing same,*" the process is purely physiological, and belongs solely to the domain of physiologisms; and, whenever accomplished, (and this sometimes happens) it shews the delicacy of the relations and adjustments between organs and objects, physiologically and hygienically related. The curative agent, then, on the principle of "*same cures same*" must be the IDENTICAL SUBSTANCE, in KIND, in ESSENCE, form, and properties, and applied with an influence less powerful and in a manner most favourable to the conditions, in order to effect a cure, or bring about a physiologically improved condition.

The die, and the impression from it, are not more exact than the disease-producing substance, and the supposed cure-producing substance *should be,* when acting according to the dogma of "same cures same." This principle of *same* requires a totality of *sameness* in both SUBSTANCE and ATTRIBUTES; and this *oneness of identity* can really form no part of medical therapeutics. It is purely a doctrine of physiology and hygiene, and not of drug therapeutics at all. This is obvious enough; for, if there were the slightest deviation in substance, force, or attributes, the doctrine of SAMES instantly vanishes, the curative agent comes under another law or principle, and at

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once passes from the domain of physiological recuperation to that of therapeutic restoration.

From this it is evident, that the doctrine, principle, or dogma of "*same cures same*" can form no part of the science and art called homœopathy, nor of allopathy, nor of drug therapeutics at all, but belongs entirely and supremely to the domain of physiology and hygiene. It is, de facto, a *natural method* of alleviation, or of cure, whereby to restore, according to the organic laws, the beautifully delicate adjustments of the living organism from a disturbed to a natural condition. The dogma of "*same*," then, is widely different from the principle of "*like*," although many opponents, in wishing to put down homœopathy, often of their would-be acuteness confound the one with the other. If *same* be not *like*, in what does the difference consist?

The notion or idea of likeness includes and presupposes, of necessity, a *difference* of some kind. Not to be *different*, would be to be the *same*. In comparing objects *sameness* allows of no *difference* whatever. *Likeness*, on the other hand, presupposes a *difference*. In fact, the notion of *sameness* and the notion of *likeness* suggest different mental impressions; and, that embodiment, whether material or dynamic, which is allied to *sameness*, cannot be of the *same order or kind* as that which is allied to *likeness*. *Same*, then, is not *like*, either in conception or in results. Now, although the FORCE enchained in the corpuscles of a drug *may be*, and *is*, the *same*, the *identical*, *the exactly correspondent force* as the cosmic, or naturally morbific force which produces bodily disease, whenever there is as perfect a similimum as the law of "LIKE" will admit of, yet, as the two forces differ in FORM OF EXISTENCE and in MODE OF APPLICATION, the one force uniting itself, pervading, and penetrating the molecules of matter, the other being either a purely disembodied dyna-

mic force, or allied with some very subtle or refined ponderabilia, or else pervading atoms of matter of qu different order from the drug atoms, the impression duced on the living organism by the *former force*- material type—cannot but be different, in many m influences, from that produced by the *latter force*- dynamic type. Granting the forces to be the same— few homœopaths will at present concede so much- externalia, and different conditions under which they a the body being different, will constitute them, in t unity and entirety, *like* or *similar*, but not *same* or i *tical* agents; and, consequently, the impressions produ by them on the corresponding states of receptivity of human organism will be *similar* or *like* in the phenon manifested, whether they be *striking, singular, extrao nary*, or *peculiar*—the salient characteristics which, cording to Hahnemann, are sufficient to prove a "*simi* to exist between the effects produced by the drug-fo and those of the cosmic or morbific force.

When the "similia" are more complete—*i.e.*, wher primary and secondary symptoms of the drug-force co pond with the primary and secondary symptoms of the bific force, throughout their whole pathological and sym matic effects, the impression on the living structure wi more *similar*, more *correspondent*, more *like*, and a complete similimum will be obtained: but, PERFECT S LIMUM, which would be tantamount to *perfect samenes complete and absolute identity in atomic form and f power throughout their whole wide totality of effects*, utter impossibility, as that would at once presup either that the *forces are the same*, or that they belo the same sphere of forces, and are allied to exactly same imponderabilia, or semi-spiritual forms of ato or, that they are both enchained to, permeate, and ar passive recipients of precisely the *same* or *identical* r

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cules of matter,—which is not the case. A perfect likeness in drug-therapeutics is unattainable, as that would be equivalent to saying that there exists such a principle as "*same cures same*" in drug-therapeutics: a principle which, we have endeavoured to shew, belongs entirely to the domain of physiology and hygiene.

To sum up: the in-dwelling dynamic force of a drug, and the dynamico-immaterial force of disease may be, and *are* the SAME when as complete a similimum takes place as the eternal law of "*likes*" admits of; or, the forces may be, and *are*, mere *analogues*, or partially *correspondent forces* when the "*likeness*" is shewn only in those four salient or characteristic phenomena alluded to by Hahnemann. The drug, in a word, in order to act on the law of similia, must produce either a set of *marked* or *salient* symptoms, *like*, or *analogous*, or *correspondent* to, those produced by the disease itself; or, else, the picture of *similitude* may become more and more complete (the *same* it can never be) till there is a *likeness* or *correspondence*, not only in all the great characteristic phenomena, but in very many minor shades of the picture, both pathologic, and symptomatic. This highest kind of *likeness* takes place when the *drug-force* and the naturally morbific force are perfectly *identical*, but allied to a different externalia, or mode of existence. The further a drug deviates in its power of producing symptoms like those set up by the disease-producing principle, the more it approaches the doctrine of "*differentia*," and assumes the tendency to affect organs other than those which are in an abnormal state, until it is carried to a point wherein all *likeness* has ceased to exist, and a condition of things is set up, the antagonistic of that to which we have referred, viz., the dogma of "contraria" or opposite.

Such is the rationale of "*same cures same*," and its pathological limitations; such the philosophy of the law of

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"*like cures like,*" in its highest and lowest forms of application;—similimum, the loftiest phase of their God-sent law of cure, constituting homœopathy a science, and enabling the practitioner to bring about the most brilliant cures, being the polar opposite to contrarium, the dogma on which allopathy is founded. Both cannot be right. If similimum be a law of nature, it will stand as a principle of cure, and universally prevail; if contrarium be a law of man, it will fall, and be, as a principle of cure, universally neglected. Time and general knowledge, and cultivated brains, and the thirst for TRUTH which now prevails, in all ranks of society, will soon settle the question, whether the therapeutics of nature or the therapeutics of man are to guide medical men in the treatment of disease.

A CALENDAR OF CASES TREATED AT THE PENZANCE HOMŒOPATHIC DISPENSARY DURING THE YEAR 1862.

By J. H. Nankivell, M.R.C.S., Eng.

N.B. In the following cases the 3rd dilution of medicines was commonly given.

January.—W. T., aged 50, has been afflicted with a severe and inveterate form of lepra vulgaris for many years. From the scalp to the feet he is covered with it. His mother had a similar disease. His general health is good, and he works at husbandry. I cannot detect that there has been any syphilitic taint. He took *arsenicum* in various dilutions from the 1st upwards, also *sepia, nat. mur.*, but with very unimportant results. Uncured.

W. T., aged 40. She complained of severe cutting pains in the stomach, flatulence, difficulty of breathing, constipation. These troubles being most probably induced by habits of intemperance, she was directed to take *nux vom.* 3, every night. Cured.

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M. J. T., a girl aged 7, has been ill a fortnight, has voided lumbrici and ascarides, has much pain in the bowels; the evacuations have a very fœtid odour; her nose often bleeds. Ordered *nux vom.* (3) at night, and *sulph.* (3) of a morning, for a week. Cured.

B. T., aged 3. She had for several days been affected with simple vomiting, probably from taking coarse and improper diet, her parents being very poor and very improvident. To take ¼ drop of nux vom. every day. Cured.

M. A. T. Small tumour on lower lip from follicular obstruction; the little cyst was taken out. Cured.

J. R., aged 4. Scalp one mass of pustulation; pustles at the angles of the mouth; strumous ophthalmia not very intense. This boy is a pale, cachectic little fellow, for whom change of air and a well regulated diet were more required than medicine, but he could not from circumstances have those hygienic advantages. He took *sulph.* 3, *calc. carb.* 3, *lachesis* 5. Under the effect of these he made considerable improvement, but this case comes under the category of "relieved."

M. M., aged 63. She has been married and had nine children. At nine years of age she lost middle finger of right hand by "king's evil." Soon after the left collar bone died; the sequestrum was removed; a rugged cicatrice now covers a very irregular and misshapen clavicle, the unworthy successor of the first. For fifty years she has had caries and necrosis of the left tibia, which no medical treatment seems ever to have benefited. The middle third of the bone is denuded and excavated, it is also curved outwards more than its fellow. She took *silicea.*, *calc. carb.* and *aurum* without benefit. Uncured.

E. O., aged 50. She complains of much burning in the stomach after taking food, and about once a fortnight vomits a large quantity of sour, dirty looking fluid, mixed with glairy mucus. The sensation of burning is also felt

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in the throat; she has often a severe headache; the face and forehead are often flushed and hot; catamenia regular. She took *acon.*, *ars.*, *nux vom.*, and *sulph.* with great benefit. Relieved.

J. O., aged 7, son of last mentioned. Has a common encysted tumour under the left eye and on the malar bone; it was not larger than a bean. An incision was made right through its centre; the contents (sebaceous stuff) were then pushed out, and the sac carefully removed with small forceps. No suture was used. When the bleeding had ceased, a few strips of adhesive plaister were laid over the wound, and the following week the boy came to have the dressings removed; the parts had healed. In former days when removing such tumours, I have endeavoured (as was then the practice) to take out the sac with its contents; but this, as every one knows, is a troublesome process, and moreover the attempt is often unsuccessful.

E. A., aged 54. Is the mother of several children; has for some years been subject to hæmorrhoids of the rectum, and also of the pudendum and "birth" (vagina). The uterus is prolapsed. There is much pain and bearing down, especially in the rectum; walking brings on pain of the loins. She took *nux vom.* and *hammamelis*, but as feared with little or no benefit. Uncured.

S. A., aged 30, son of the last patient. Costal pleurisy. The man had, before I saw him, applied to seat of pain mustard poultice as large as a dinner plate, and so had well fired himself; after which he had laid on a "strengthening" plaister as hard and thick as a board. These heroic remedies had not answered. He took *acon.* and *bryonia* and was well in two days. Cured.

E. N., a widow, has had five children, has felt ill for some months; after taking food she feels pain behind the breast bone and between her shoulders; her heart beats very much, she is troubled with eructations, her appetite

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is pretty good, but she cannot digest her food, and is losing flesh; she sleeps badly, has a goître larger on right than left side. Her malady is probably to be traced to broken rest during the long illness of her husband. She took *nux vom.* and *sulphur* in alternation, and afterwards a few doses of *arsenicum*, and made a good recovery. Cured.

J. T., a fisherman, aged 20, was on the coast of Plymouth in October last, and much exposed to severe weather; felt very ill from pain in his right side, but did not apply to a doctor, as he was a stranger there; has had a bad cough and shortness of breath ever since. At present he looks pale and thin; he has lost much flesh lately; he spits much phlegm, but not any blood; sweats much at night, and often gets a diarrhœa—urine is of a deep colour; he has much pain in his side when coughing or turning in bed; pulse 120. The stethoscope detects an almost complete absence of respiratory murmur in right lung, and puerile respiration in left lung. Percussion gives a dull dead sound over the whole of right lung. The important question was—Is this a case of healthy pneumonia which has been allowed to run a natural course? or is it running on to miliary tubercular infiltration? I had some misgivings that it would turn out to be the latter. The treatment was commenced on January 6th, when he took *Phos.* 3.

10th.—Has had much pain in the back, especially low down; is sick at stomach; much night-sweat. *Merc. sol.*

13th.—*Pain is increasing in middle of back; night-sweats worse,* but the pulse is come down to 80. Bowels act regularly; the appetite is good; cough better; no thirst or sickness; sleep is right; expectoration is less. There is still pain in the chest, which is much increased by a deep respiration. Takes *acon.* and *bel.* in alternation.

16th.—Cough better; pain less; sweat diminished. *Phos.*

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20th.—Improving. Stethoscope detects great improv ment in the state of the lung. *Phos.* by day; *merc. sol.* night.

27th.—Looking better; spirits good; expectorati less; breathes more freely; no sweating: some pain unc right nipple; pulse 100. *Phos.*

July 3.—Going on well in every respect; pulse 8 *Phos.*

6th.—Respiratory vesicular murmur to be heard ve generally in right lung, still there is a considerable co trast between it and the left lung. Pulse 74. It is i necessary to prolong this report; the case was a ve satisfactory one, and the patient has remained in perfe health up to the present time. Cure.

F. H., married, aged 35. She has borne three childre has suffered from rheumatism for six years, and has h disease of the heart during last two years; it came stealthily, and she did not seek medical advice until it h become distressing. The heart is much hypertrophied fr valvular disease, and has a tumultuous and most irregu action. Of late she has suffered much in her head. few days since was conversing with a neighbour, wh she was seized with a deadness in the right hand and th in the tongue; was unable to speak for several minut At times she gets attacks of vertigo and falls down. Wh the attacks come on, she has flushes of heat in the face a head, leaving a soreness of the scalp. The pulse is 1 small, weak, and fluttering; appetite pretty good; bow regular; catamenia regular; on the legs are some hepa spots, with œdema; feet are cold; often feels drowsy, l does not sleep well; sometimes awakes suddenly in fright; no paralysis at present. She took *acon.* 3, th *ars.* 3, and afterwards *lachesis.* She still complains soreness and itching of the scalp, weakness in the ba giddiness, during which her sight fails; has fallen do

once from vertigo and a choking sensation in the throat. She took *arnica*, followed by *spigelia*, from which she appeared to derive temporary benefit. Uncured and incurable.

ALOES IN DYSENTERY.

Day after day, those who affect to disbelieve the doctrines of Hahnemann, are dishonestly adopting his practice. In fact, we scarcely ever take up a work on medicine,—or a periodical, issuing from the allopathic press, without having such instances of dishonesty revealed to us. We use the word "*dishonesty*" in this sense, that while those who have really discovered the curative effects of drugs, possessing a homœopathic action, are contemned and ridiculed because they avow such discoveries,—their opponents are mean enough to enter into their labours, and without even an acknowledgment. A recent instance of this kind of *appropriation* is to be found in the following statement in the *Lancet* of January 31, 1863.

"THE FRESH JUICE OF THE ALOE AND THE PARENCHYMA OF THE ALOE-LEAF IN DYSENTERY.

"A correspondent (Agathon) has forwarded us an extract from a Barbadoes paper, in which it is asserted that the fresh juice of the aloe is a valuable remedy for dysentery. An incision is made into the leaf, and the juice which exudes collected, and given fresh in half-ounce doses in half a pint of milk; or the end of the leaf being cut off and all the juice drained out, it is peeled and the parenchyma, which is gelatinous and transparent, cut into pieces and chewed.

"This is not bitter, but imparts a sense of coolness to the throat, as the exuding moisture is swallowed.

"In both these forms, the writer asserts, the aloe exerts a soothing, almost narcotic effect, arrests the bloody discharges, restores the natural action of the bowels, and effects a speedy cure in all stages of dysentery.

ALOES IN DYSENTERY.

"If there be any truth in this, it is a happy coincidence that aloe flourishes in the greatest abundance where the disease most prevals."

Now, in the Homœopathic Materia Medica, we find under the head of *aloes* :—

"ABDOMEN.—*Malaise, pressure, tension and heat in the region of the liver.—Fulness, heat and distension of the abdomen* beating, boring, and stinging in the umbilical region: stool is preceded by colic; emission of a quantity of fetid flatulence.—Violent cutting in the abdomen.

"STOOL AND ANUS.—*Bilious papescent stools,* the whole body becoming hot during the *evacuation, with a feeling of malaise in the region of the liver.—Evacuations consisting of fœcal matter bilious, not aqueous, not very profuse, having a peculiar putrid smell.*—Discharge of mucus by the rectum, looking like membranes. Discharge of large clots of mucus by the rectum.—*Frequent watery sanguineous stools. Bloody stool with violent colic.* Pinching previous to the diarrhœa, which is accompanied by *tenesmus.*"

The foregoing are the results of the "*proving*" of aloes on previously healthy subjects—and in accordance with the Hahnemannic dogma—"*similia similibus curentur*"—aloes is the fit remedy for *similar* symptoms the result not of aloes, but of a natural disease.

As this drug has been thus proved by homœopathists—and has, by them, been used in cases of dysentery so long—why should our allopathic brethren so unfairly, nay, so dishonestly, appropriate a remedy, so homœopathic, without a word of acknowledgment?

Nor must our lay-readers suppose that in speaking of the juice of the leaf, our allopathic colleagues are referring to some portion of the plant which differs in its medicinal action from the officinal aloes;—for, "the finest kind of aloes is obtained by evaporating the juice which

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flows spontaneously from the transversely cut leaves."—*(Pereira.)*

Homœopathists and allopathists have both long known that *aloes* was a purgative, holding rank, according to Vogt, (*Pharmakodynamik*, Bd. ii. S. 334, *2 te Aufl.*), between *jalap* and *rhubarb;* or, according to Pereira, between *rhubarb* and *senna.* Homœopathists, however, have long known, also, that *aloes* is remedial in certain forms of diarrhœa and of dysentery, *the natural result of its homœopathicity to those states:* but, it is only *now*—post totidem annos—that some allopathic practitioners discover *accidentally*—(for, surely, no allopathist could stultify his creed by claiming in this case the merit of inductive reasoning)—that a drug which will *cause symptoms resembling dysentery*, will, also, *cure such symptoms when they result from natural disease.*"

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Therapeutics of the Day; in a series of Letters. By Dr. Wilhelm Stens, Sanitary Councillor to His Majesty the King of Prussia, and Physician in Ordinary to H.R.H. Prince Albrecht of Prussia. Translated from the German, with the special permission of the author, by Henry St. Clair Massiah. London: J. Wertheimer and Co., Circus Place; Turner and Co., 77 Fleet Street; and to be had of all Homœopathic Booksellers and Chemists. 344 pages.

The work of Dr. Stens, excellently translated by Mr. St. Clair Massiah, is a welcome addition to the literature of Homœopathy. The volume consists of twenty letters, embracing fair yet keen inquiries into the *quasi*-orthodox medicine of the day, and a most able exposition of the homœopathic law and of its practical development. The

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following table of contents will point out the compendic character of the work of Dr. Stens :—

"LETTER I.—Physiology—Breathing—Digestion. LETTER —Formation and Dissolution of Matter. LETTER III.—T Nerves. Retrospect. LETTER IV.—Pathology. LETTER V Materia Medica. LETTER VI.—Therapeutics.—The Antipat or Revulsive Method. LETTER VII.—The Physiological Meth —The Materialists. LETTER VIII.—Inflammation.—Theor and Treatment of the same.—The true Science. LETTER IX Discovery of the Homœopathic Law of Cure.—Rules for Exp ment. LETTER X.—The Materia Medica of Homœopathi LETTER XI.—The Pathology of Homœopathists. LETTER X —Therapeutics of Homœopathists. LETTER XIII.—Histori evidence in favour of the principle of Similarity. LETTER XI —The Theory of the Dose. LETTER XV.—The Minute Dose Homœopathists. LETTER XVI.—Results of Homœopathic Pr tice. LETTER XVII.—History of Homœopathy—Hahneman Life and Labours. LETTER XVIII.—Details as to how Hom pathy is combated, and refutation of the objections addu against it. LETTER XIX.—The Self-Dispensing of Hom pathists. LETTER XX.—Survey of Homœopathy—Its Positi —What have Homœopathists to do?

When all is well written, it is somewhat difficult us to make selections. We hope to have leisure to retu to the work on some future occasion; but, in the me time, we give the following extract from the autho letter—"Historical Evidence in favour of the Law Similarity":—

"In the meanwhile, I consider it both important and int esting to adduce some support from history, which, unfette by theories and scholastic dogmas, will furnish you with proof that, already, in the earliest days, diseases were cu according to the principle of 'similia similibus,' and it matt little whether the mere obscure presentiment or the real c viction of the existence of such a law, have led to it. Thus

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find, in HIPPOCRATES, that of two simultaneous pains, the stronger always conquers the weaker (APHORISM xlvi. p. 1246), that cold water causes convulsions, lockjaw, chills, and numbness (APHORISM xvii. p. 1253), and that pouring cold water over the body in cases of tetanus restores its natural heat (APHORISM xxi. *ibid.*).

"Cold substances, such as snow and ice, produce hæmorrhages (APHORISM xxiv. p. 1254), but the application of cold water cures such cases also (APHORISM xxiii. p. 1253). Cold water produces also pain (in sore places), induration of the skin, and convulsions, etc. (APHORISM xx. *ibid.*), but it also eases or removes the pain and the swelling of joints, podagraical attacks, and cramps (APHORISM xxv. p. 1254). In the writings of the followers of HIPPOCRATES, viz., THESALLOS, POLYBOS, PHILISTION, and others, it is said that garlic produces heaviness of the head, besides restlessness; and, notwithstanding this, it is recommended in cases of intoxication. (*De victus ratione in morbis acutis*, fol. iv. p. 404.) Wine removes the heat resulting after dinner, for it warms and thus promotes digestion. (*De affectionibus liber*, fol. v. p. 530.) Wine, mixed with honeywater is advised against ailments of the liver, (*De internis affectionibus liber*, fol. v. p. 547), notwithstanding the observation that it swells up both liver and spleen, produces thirst, inflation of the stomach and the upper intestines, stems flatulence in the hypochondriacal regions, and is hurtful to bilious persons, (*De vict. ratione in morb. acut.*, p. 392), and that inflammation of the liver happens easily after drinking a strong sort of wine in summer. (*De int. affectionibus*, p. 548.) In the Book on Epilepsy it is said, '*Diseases are mostly cured by that which produces them*, (*De morbo sacro*, fol. iii. p. 310), a sentence which, in the Book 'Περι τοπων' is discussed more fully in the following manner:—

"'*Through the law of* similia similibus *diseases are produced and cured. That which causes strangury, cough, diarrhœa, and vomiting has also the power of curing these evils* (*De locis in homine*, fol. iv. p. 421). Of the fruits of the turpentine tree, it was understood that they produce an opposite alterative effect upon the vascular system of the uterus, that they produce and

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suppress secretions of blood from the same; for which reason they check severe hæmorrhage from this structure, and promote menstruation also. (*De nat. mulier.* 583.) To melancholy persons, inclined to commit suicide, the mandrake root was strongly recommended, but they were at the same time advised not to take it in doses sufficiently strong to cause madness. (*De locis in homine*, 420.)

"DEMOCRITUS writes to HIPPOCRATES: 'If you had given veratrum to me, as you do to a madman, intellect would have diverged into madness, and your science would have been blamed for having, as it were, been the cause of the madness; *for veratrum given to the intellectual causes them to become mad, but is, in spite of this, of very great service in cases of madness,*

"ASCLEPIADES, the Bithynian, who founded the methodic school, gives wine to check profuse perspiration, and teaches, at the same time, that wine produces frequent perspirations on the outer surface of the skin.

"In cerebral inflammation, he advises that only small doses of wine should be administered, because it incited phrenitic persons easily to madness. STÖRCK says: 'If *stramonium* unsettles the mind and produces insanity in those who are healthy is it not then allowable to try, whether by changing the ideas in mad people, it cannot bring back reason (Libell de Stram. p. 8.)?'

"PARACELSUS says: 'It is a wrong rule set up by GALEN of prescribing remedies, which have an opposite effect to that of the disease. It is erroneous; for those should be given which in their effects, resemble the disease.'

"BASILIUS VALENTINUS, says in his work De Microcosmo 'Like is to be removed by like, and not by opposites, heat by heat and cold by cold.'

"DE HAEN also knew this maxim, and mentions, that '*dulcamara in large doses produces convulsions and delirium, and in small doses cures like complaints.*'

"STAHL says, 'The rule to cure opposites by opposites (*contraria contrariis*, adopted in Pharmacology, is wrong, and that it was his conviction that diseases are cured by *similia similibus*

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e.g., burns, by approaching them to the fire; frozen members, by applying snow and the coldest water possible to them. Inflammation and bruises, by spirituous extracts. In the same manner he cures the disposition to exyregmy (acidity of the stomach), by very small doses of vitriolic acid, in cases where numerous absorbing powders had been used in vain' (*Jo. Hamelii commentatio de Arthritide tam tartorea quam scorbutica, seu podagra et scorbuto.* Budingæ, 1738, fol. 40—42).

"' Boulduc agrees that, to the purging property of Rheum, its curative power in diarrhœa is to be attributed (*Mem. de l'Acad. Royale*, 1716).

Detharding says, that senna leaves cure colic, because they have the power of producing this disease in healthy persons. Barthalon says, that electricity alleviates and cures the pain which it has the power of producing (*Medec. Electric.* 11. p. 15, 282). Thoury asserts, that positive electricity does increase the pulse, and lessens the same when disease has increased it (*Mem. lu à l'Acad. de Caen*). According to Lazare, electricity causes varicose swellings, ischias, convulsions, and cures them again. Burdach (Pharmacology, p. 288, s. 99) says: 'If in an organ abnormal conditions exist, the remedy which can produce like abnormities in the same organ will also cure them. In burns, a stronger degree of heat should be applied; when limbs are frozen, snow and the coldest water should be applied.' Helleborus can produce blindness by over-excitement, but can also, because it specifically affects the retina, cause a healthy reaction in case of amaurosis. He continues saying,—

"' Belladonna can produce madness, cramp in the pharynx in healthy persons; and when these organs are affected through the bite of a mad dog, it will, if used in proper doses, lead back the vital energy of these organs to its normal state, in the same manner as the proximity of the candle flame takes away the inflammation caused by the melting sealing-wax falling on the fingers' (ibid. p. 130).

"You here find the maxim of *Similia Similibus* very frequently expressed, with more or less clearness; but it was devoid of that importance which it has since acquired.

"The key of experiment was wanting to penetrate victoriously

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into practical medical science. Here the quotation of so further cases of medical men of the old school, who wrote befo Homœopathy was thought of, will not be out of place.

"You will find, that, whilst some of them assume that certain remedy *cured* a certain disease; others affirm, that t same remedy *produced similar diseases.*

"The English sweating fever, which, according to Willi testimony, killed thirty-nine out of every hundred, was on treated successfully when sudorifics were prescribed (*Sennert*).

"Hippocrates cured a cholera, which resisted all other rem dies, by helleborus albus, which, according to FOREST a RAIMAN, produces all the symptoms of cholera. WIETHERE gave hyoscyamus in dysphagia, and also in some kinds of ma ness with brilliant success. In the same manner, cram resembling epilepsy, were cured through hyoscyamus, MAYERNE, STÖRCK, COLLINS, which, according to the obser tions of E. CAMERARIUS, C. SELIGER, HUNERWOLF, A. HA TON, PLANCHON, ACOSTA and others, causes similar convulsio to those of epilepsy, complaints of deglutition, and madne SCHENKBECKER cured by this plant a chronic giddiness; a HUNERWOLF, BLUM, NAVIER, PLANCHON, STEDMANN, GREDI BERNIGAU, and others, assert, that in a high degree, it has t power of producing a similar state.

"According to HUXHAM, camphor proved beneficial in certain kind of slow typhus, in which the temperature of t body was lowered, sensitiveness decreased, and vital ene considerably depressed. According to G. ALEXANDER, CULL and F. HOFFMANN, it produces exactly the same conditio According to EVERS, SCHUMUCKER, SCHMALZ, MUNCH, a others, belladonna has proved its efficacy in various kinds melancholy and madness; and causes, according to GRIMM, R HASENEST, MARDORF, HOYER, DILLENIUS, and others, sim sufferings.

"Arnica montana has been given, from time immemor against symptoms produced by severe contusions; according MEYER, VICAT, CRICHTON, COLLINS, STOLL, and LANGE, it p duces these symptoms in the healthy.

"According to HERRMANN, VALENTIN, and others, igna

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amara has often cured convulsions. BERGIUS, CAMELLI, and DARIUS have observed like symptoms from it on the healthy.

"Dr. KRUGER, RAY, KELLNER, BOERHAAVE, and many others, practical physicians, have observed that stramonium produces delirium and convulsions, and SIDENN, WEDENBERG, and others, cured delirium, accompanied by convulsive articular movements, with this drug.

"BAGLIO, BARBEIRAD, SPANELLA, DALBERG, BERGIUS, and others, have cured hæmorrhages through ipecacuanha, which, according to MURRAY, SCOTT, and GEOFFREY, produces them.

"AKENSIDE, MEYER, BANG, STOLL, FOUQUET, and RANAE cured spasmodic asthma with it, which, according to MURRAY's, GEOFFREY's and SCOTT's observations is produced by ipecacuanha.

"T. C. WAGNER observed how squilla maritima produced pleurisy and inflammation of the lungs, and DE HAEN, SARCONE, and PRINGLE, have cured these sufferings with it. Dulcamara causes convulsions according to FRITZE, and according to DE HAEN, they are cured by it. CARRERE observed large tettery eruptions as an effect of it, which again, according to FOUQUET, POUPART, and CARRERE, were cured by it. According to P. ROSSI, VAN MONS, I. MONTI, SYBEL, and others, the sumach tree produces cutaneous eruptions, which gradually spread over the body, and, according to DUFRESNOY, and VAN MONS, it has often cured similar diseases. According to MURRAY, euphrasia cures inflamed and running eyes; and LOBELIUS remarks that it produces the same symptoms.

"According to LANGE, nux moschata proved very useful in hysterical fainting fits; and, according to SCHMIDT and CULLEN it produces (in large doses) in a healthy person, a loss of the senses and general insensibility.

"MURRAY, HILLARY, SPIELMANN, HOFFMANN, and others, assert, that senna leaves cause colic, which DETHARDING cured with them.

"STÖRCK removed a general chronic eruption by clematis, and asserts, that this plant produces similar eruptions over the entire body.

"MURRAY and others, as well as daily experience, tell us that

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among the symptoms produced by tobacco, giddiness, and a sensation of anguish, are the chief ones; and I BRÖCK cured himself of these symptoms by smoking t HUFELAND cured a lethargy through opium, which, as is causes lethargy. It is equally well known that opium p constipation, and LENTILIUS, TRALLES, WEDEL, BELL, H RICHTER, F. HOFFMANN, and others, cured dangerous constipation by it. With sabina, the severest aborti hæmagogic remedy, RAU and WEDEKIND cured uterine fl CAMERARIUS, BACCIUS, D. HILDEN, FOREST, I. LANZOI DER WIEL, WEILHOFF, and others, assert that painful re of urine and dysury are the usual and most painful sy of cantharides.

"FABRICIUS, CAPO DI VACCA, REIDLIN, YOUNG, SMIT MOND, BRISBANE, and others have cured with cantharid painful retention of urine, combined with dysury.

"According to BEDDAES and others, nitric acid cures tion and ulcers in the mouth, which were produced by n According to SCOTT, BLAIR, ALYON, LUKE FERRIAR, and it produces ulcers in the mouth, and salivation also.

"FALLOPIUS, BERNHARDI, RÖNNOW, and others, hav cancer of the face with arsenic, which according to LUSITANUS causes in healthy persons very painful t which are difficult of cure. According to HENRI KNAPE, it produces deep, penetrating, and malignant and, as HEINZE observed, cancery affections. MARCUS c inflammation of the tongue and œsophagus very quick mercury, which, as daily experience teaches us and as D FRIESE, ALBERTI, EUGEL, and many others, have ob causes inflammation and swelling of the interior parts mouth. DR. COPELAND says:—

"'Persons who are for any length of time exposed vapours of mercury, are, in general, afflicted with ulcer throat and mouth, also with painful diseases of the peri of the joints, members, and sinews in particular, on hav posed themselves to cold, also with eruptions over the bo all the sufferings which are generally described by the d nation of pseudo syphilis.'

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"This is quite the picture of developed syphilis; and it is well known that mercury is considered the best specific, and, as such, successfully administered in this disease. In the same manner, mercury was considered a specific in diseases of the liver; and Professor GRAVES says: 'It cannot be denied, that abuse of mercury has caused *disease of the liver*.' Dr. HEWSON directs the special attention of those who visit the Lock Hospital under his direction to this point. It was then customary to salivate every patient, and to make him take mercury during several months; when the mercurial treatment was over, an *enlargement of the liver* often shewed itself. Iodine is recommended as an excellent remedy in salivation. According to ORFILA, it *produces* a horrid taste, heat in the throat, with a feeling of constriction, nausea, and salivation. China is recognised as a specific in intermittent fever. Jos. WITTMANN says, in his essay, which obtained the prize, that he found, by repeated experiment, it produced a disease resembling intermittent fever in the healthy body, therefore, quite in unison with HAHNEMANN's observations and experiments. As the adversaries of HAHNEMANN have taken all possible pains to combat the effect produced by china on him, and have asserted that HAHNEMANN suffered from indigestion through experimenting with china, and that thus naturally, the stated symptoms of cold, heat, and sweat (perspiration) would be explained, I will quote some allopathic authors on this very point.

"OSANN acknowledges that china has the power of producing fever, viz., HUFELAND's Journal, vol. 61, Supplement, p. 97.

"In the Medical Review (March, 1840, p. 461) you can read one word more respecting a fact which we cannot pass over in silence, because it is attached to ideas which, in the interest of science, should be discussed, notwithstanding they appear homœopathic.

"M. PIORRY denies the fever-producing power of chininum sulphuricum in healthy persons.

"However peculiar this effect may appear, we positively affirm having seen instances of the kind, and consider ourselves fortunate in being able to base our assertion on the authority of

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M. HIPPOL. GANDORGS, a distinguished military physician, who obtained, by experiments on himself, *the result, that chininum sulphuricum has actually the power of producing real attacks of intermittent fever in healthy persons.*"

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HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—JAMES PYBURN, M.D., L.R.C.P., Lond., & EVAN FRASER, ESQ., L.R.C.S. Edin.

Treasurer—JOHN SKILBECK, ESQ.

Honorary Secretary—JOHN L. SEATON, ESQ.

Chemist—Mr. JOSEPH DIXON.

Number of patients attending during the month of January	66
Paying 1s. 6d. per month	52
Admitted on Subscriber's recommendation	14
Discharged cured	4
Relieved	[illegible]
Ceased attending; result unknown	1[illegible]
Still under treatment	24[illegible]

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. WALKER, Dr. HARRISON, Dr. RAYNER, Dr. DRUMMOND. Surgeons—Messrs. BLACKLEY & HOWDEN. House Surgeon—Mr. EDWARD CALVERT.

Treasurer—P. F. WILLERT, Esq.

Secretary—ARTHUR NEILD, Esq.

President—JOSEPH HERON, Esq.

Chemists—Messrs. H. TURNER & Co.

Number of patients attending during the month of January	1265
Paying 1s. and 1s. 6d. per month	211
Admitted on Subscriber's recommendation	40
Visited during the month at their own homes	199

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

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CHELTENHAM HOMŒOPATHIC DISPENSARY.

Medical Officer—H. HASTINGS, M.D., M.R.C.S., L.S.A., &c.
Treasurer—COUNTY OF GLOUCESTER BANK.
Secretary—W. BURRELL, Esq., Retired Surgeon.
Chemist—Mr. E. WHEELER.

Number of patients attending during the last two months of January and February	
Admitted on Subscriber's recommendation	94
Discharged cured	55
Relieved	16
Still under treatment	40

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. DRYSDALE, Dr. WRIGHT, Dr. STOKES, Dr. HAYWARD, Dr. ROCHE, Mr. MOORE, Mr. GELSTON, Mr. WILLANS.—Dr. GEOGHEGAN, House Surgeon.—Mr. T. D'ORVILLE PARTRIDGE, M.R.C.S., Assistant Surgeon.

Treasurer—Mr. J. J. EDGAR. *Secretary*—Mr. S. J. CAPPER.

Chemists—Messrs. THOMPSON & CAPPER.

The number of patients prescribed for at this Institution during the month of January was as follows:—

New	patients	533
Old	"	2046
	Total	2579

The number of visits paid	201
The number of patients visited	162

The Annual Meeting of the Subscribers to the Liverpool Homœopathic Dispensary was held in the Board-room, Hardman-street, on Saturday afternoon, Mr. J. Yate Lee, President, in the chair. Among the other gentlemen present were Messrs. Theodore W. Rathbone (Vice-President), Dismore, J. J. Edgar (Treasurer), Ashling, Capper (Secretary), Urquhart, Tate, Redhead, Haddock, &c.

Mr. Capper, the Secretary, read the following Report:—

"Your Committee, in presenting their Annual Report, congratulate the subscribers to the institution on the increasing usefulness of the charity.

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"Notwithstanding the unusual healthiness of the town durin the early part of the past year, the number of poor peop availing themselves of its aid has exceeded that of previou years; the number of new patients applying at the Dispensa in 1861 being 5216, and the number of prescriptions dispens 29,834, whilst the number of new patients in 1862 was 63 and the number of prescriptions dispensed 28,614.

"The patients visited at their own homes in 1861 were 8 and the total number of visits paid to them were 2560; while 1862 the number of patients visited has been 705, and the vis paid 2089.

"The increase in the attendance at the institution is m perceptible by contrasting the present attendance with that former years.

"Ten years ago the number of new patients was only what it is at present, affording striking evidence of the increas confidence the poor have in the homœopathic treatment.

"The real difficulty during the past year has not been augment the number of patients, but to afford them the necess attention: and, if the funds of the charity were sufficient justify the engagement of additional paid medical assistan and to allow the doors of the institution to be kept constan open, the numbers might probably be doubled. At present it found necessary to limit the hours of admission, as otherwi the medical staff would have more to do than they could possib attend to.

"During the last few months scarlet fever has prevailed e tensively in the town and neighbourhood, and our Dispensar has had its share of patients.

"It is very gratifying to state that out of 52 cases, only thre have terminated fatally, which is a significant fact in favour o homœopathy as contrasted with other modes of treatment.

"Although during the past year the debt due to the Treasure has been somewhat diminished through the liberal gift of £25 by our late Mayor, R. Hutchison, Esq., and other donations, i will be seen by the Treasurer's statement that there still remain a balance of £139 18s. 7d. to his credit. The Committee hop

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that this will be paid off during the present year, and take this opportunity of urging upon those who are deriving benefit from homœopathic treatment, and who have not yet assisted the charity, to aid them by subscriptions and donations, so as to enable them more efficiently to carry out the object of this most valuable institution.

"The Committee, whilst re-acknowledging their thanks to the Rev. W. H. Wright, and the members of Christ Church, Everton, and also to the Rev. H. S. Brown and the Myrtle-street Congregation, for their annual contributions to the charity, would express a hope that the time is not far distant when they may participate in the congregational collections made annually for similar institutions.

"The Committee gratefully thank the Town Council for their continued liberal support."

The financial statement was also read, and it showed that there was a balance due to the Treasurer of £139 18s. 7d.

Mr. W. T. Rathbone said the report told its own tale; but he would appeal to the medical men generally of the town, and ask them if it was creditable to them to hold at arm's length, as they were now doing, an institution which was effecting such good and was accomplishing such results? (hear, hear). Time was when homœopathy was thought to be quackery; and as medical men were probably formerly of that opinion too, he did not blame them for then discountenancing the system. But now that system had become well established; it rested on well-ascertained facts; it had been successful with respect to diseases of all kinds; and he therefore repeated the question, was it creditable to the medical profession of the town to hold aloof from the institution? (hear, hear).

The Chairman acquiesced in the remarks of Mr. Rathbone, and thought it would be well if the public at large were made acquainted with the good which such an institution as that was able to effect.

Mr. Capper said the institution was open for any person to inspect, and he should be glad if the members of the medical profession generally would pay it a visit (hear, hear).

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The Chairman and Mr. Rathbone gave several instances within their own experience as to the good effected by homœopathy, not only in the case of men, women, and children, but all kinds of cattle as well.

Mr. Ashling and Mr. Dismore also bore testimony to the value of homœopathy.

Mr. Edgar suggested that the congregations of places of worship might contribute by means of collections after services.

Thanks were voted to the Mayor and Corporation, for their continued support of the institution, and the proceedings terminated, after passing the usual compliments to the Chairman.

In addition to the foregoing, an esteemed correspondent sends us the following gratifying information :—

It is but a very few years since the *British Homœopathic Journal* was able to announce the election of the first Mayor who avowed his faith in homœopathy—Dr. Dunn of Doncaster being the gentleman in question. Since then homœopathy has made immense strides, and its progress in Liverpool is attested by the following facts.

In 1859 the Liverpool Town Council granted a piece of land in Hardman-street, one of the finest thoroughfares in the town, for the erection of a Homœopathic Dispensary, and an elegant and commodious structure has risen, and now stands on the site.

In 1860 the same Council voted (by 42 votes out of 46 members present) an annual grant of £50 to the Dispensary.

In 1862 the same Council appointed Mr. J. J. Edgar, a gentleman deeply interested in homœopathic principles, the Churchwarden of the Corporation Church. During the same year the Rev. Mr. Dudgeon, also a follower of Hahnemann, was appointed Incumbent of the same church; and recently, Mr. T. H. Willans, formerly of the Homœopathic Dispensary of Liverpool, was appointed second Churchwarden under him.

Thus, a homœopathic Clergyman, and also two homœopathic Churchwardens, are attached to the richest corporation in the kingdom.

These facts speak for themselves.

THE MONTHLY

HOMŒOPATHIC REVIEW.

"A MOST UNPRINCIPLED AMOUNT OF PHYSIC."

THE first Charles Mathews used to tell a capital story of a man who refused to sit at the same table with one who did not eat mustard with his pork-chop. The attempt to force others to taste as you taste, and to dine as you dine, is not new in the natural history of prejudice.

Allopathists liked mustard with their pork-chops—homœopathists found it more agreeable to leave out that condiment, or to use it in only very minute quantities: on this, issue was joined; and allopathists forthwith declared with Charles Mathews' friend, that they would be *dashed* if they sat at the same table with such people.

The allopathists have continued not only to eat mustard themselves, but to try to force it down the throats of others, on the penalty of loss of caste. Occasionally, even among our allopathic brethren, there have been some few who have ventured to dispute the palatablenes of the condiment—but it is only now that *The Lancet*, the heretofore champion of mustard, in any quantity, has ventured to commend it in smallest doses, and to council its omission wherever possible.

Last week (March 21st) appeared the following editorial article in our allopathic contemporary:

"A MOST UNPRINCIPLED AMOUNT OF PHYSIC."

"THE ELEMENT OF PHYSIC IN MEDICAL PRACTICE.—

"The progress of true medical science has great qualified our estimate of the value of mere drugs in t treatment of disease. It has shewn that in medicines, in politics, the best course is often that of non-interventi [*All mustard to be declined.*]

"The sore that used to be treated with a mysteri unguent composed of twenty ingredients heals unde piece of moist lint; and the pneumonia that used to attacked with heroic violence gets well in less time un gentle doses of antimony and kindly allowances of stimulating food. And all this without any detrac from the importance of the physician. The states who preserves the influence of his country, at the sa time that he husbands its resources, is more worthy o public admiration than his rival who would attain no mor than the same result by even successful wars. It is the same with the physician. The sooner he can cure his patient, and the less the expenditure of treasure—be it blood, or only mucus or serum—with which he can effect this object, the better. The more painless or ever pleasant he can make his treatment, the more he can divest it of a 'perturbative' character, the better is i and the greater is he. It is the growing characteristic o advancing therapeutics to watch the natural course o maladies respectfully, to regard pathological processes a only modifications of physiological ones, and to see in th worst forms of disease 'an effort of nature to throw o the morbific matter and thus cure the patient.'"

[This is what homœopathists have so long been aim to accomplish, and which they can alone effect by sm doses, chosen on the principle of *similia similibus curent* If the writer in the *Lancet* is correct, or if the author which he quotes is correct, and that pathological p cesses are only modification of physiological ones,

"A MOST UNPRINCIPLED AMOUNT OF PHYSIC."

that the worst forms of disease are "an effort of nature to throw off the morbific matter, and thus cure the patient." Surely it is the duty of the physician to assist those efforts, not by medicines which have an opposite effect, but by such as work in the same direction with nature.]

"Medical men never talked so modestly about "curing" disease as now, and certainly they never did so much in furtherance of this object. The number of specifics becomes less rather than greater. We have stumbled upon something that cures ague—nobody knows how; and most of us still believe that mercury has some strange power over the venereal poison. But even quinine often fails, and the uses of mercury are becoming more circumscribed rather than extending. No sound man is very sanguine in his expectations of specifics turning up for every ailment, though every day is showing the value of measures founded on a rational study of the body and its diseases. Witness, for example, the use of alkalies in rheumatic fever, and of acids in fevers of the typhoid class. How simple is the idea of our duty! In the one case half an once of alkali, and in the other a quarter of an ounce of mineral acid, would go far to exhaust our duty as regards mere drugs.

"The element of physic in medical practice becomes constantly more simple. Our drugs are fewer and less complicated. Of course it is all otherwise in pseudo-medicine. Here 'specifics' are as rank as weeds. Here little account is taken of natural provisions for the cure of disease. Here physic is everything, and nature and the physician are unimportant. Given the symptoms of a disease and a book of 'testings,' every old lady thinks herself as competent a physician as Hahnemann. Every disease and symptom of disease has its corresponding remedy, or rather we should say two remedies, for it will nearly always be found that homœopathic patients take

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two medicines, in equal doses and with equal fr
Homœopathy abounds in principles. Its great
is that of 'specifics'—that certain medicines
most definite and designed relation to certain a
are *the* thing and the *only* thing. Then there is
may call the alternating principle, in virtue of w
medicines—each, we suppose, a specific!—are
better than one. Upon these two principles
lightened patron of homœopathy is made the rec
a most unprincipled amount of physic."

[The writer, just before, congratulates his rea
the possession of certain specifics, *e.g.*, *quinine*
cury—and, yet, in the same breath, he rejoices
number of specifics is becoming less rather tha
So also in the next paragraph he tells his fri
in pseudo-medicine (meaning homœopathy, o
"physic is everything;" "here little account i
natural provisions for the cure of disease;"
lightened patron of homœopathy is made the rec
a most unprincipled amount of physic," &c. T
strangely from the dear old *Lancet*, which has,
and so triumphantly, shewn that homœopathy d
victims with worthless *medicineless* globules,
diet and imagination effect the cure, if it shou
follow. The alternative of medicine, to which th
alludes, is not the necessary rule in homœopath
nemann himself earnestly deprecates the prac
we must confess that we ourselves have frequen
it convenient, if not necessary.]

"We conclude by impressing upon our breth
are studying medicine in the light of reason an
the urgency of the duty that devolves upon th
using the element of physic in medical practice a
more and more apparent the great gulf that
between their practice and the rival quackeri

day. Let them use medicine so that the most undiscerning patient will perceive that it is only one of many means to an end, auxiliary only to great provisions in the body itself, and for the most part acting, not mysteriously, like quinine, but sensibly or chemically. Let the form of their drugs be unpretentious and inexpensive, so that whatever the cost to the patient may be, he may understand that he pays, not for physic, but for the attention, the skill, and the judgment of the physician."

[In other words, *The Lancet* advises its brethren to use "the element of physic in medical practice," so as to do what the despised homœopathists have been doing for the last half century—to adopt "*unperturbative*" doses—and not to forget that the new war-cry is to be, *not that homœopathists give no medicine*, and are, therefore, guilty of wilful imposture, but that "*the enlightened patron of homœopathy is made the receptacle of a most unprincipled amount of physic.*"

Of course, some of our allopathic brethren who have hitherto told their patients that the physic of homœopathy is "nothing but water, or sugar," will, at first, be rather bothered by this new dodge of the *Lancet*; but the hint will be soon understood; and each village doctor, "assuming a virtue," will for the future decry the dangerous use of much physic, will speak of his own non-perturbative doses; and fearing that the followers of Hahnemann should have the credit of instituting so needed a reform in medicine, he will hold up as a warning "the enlightened patron of homœopathy, the receptacle of a most unprincipled amount of physic."]

THE AUSTRALIAN RED GUM, OR KINO.

By Dr. Blundell.

The growing reputation of this gum among allopaths, successful as it has been in some most severe cases of

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chronic dysentery, which had baffled every othe means of relief or cure, will, I trust, be a sufficient for bringing it before the notice of your reader well worthy of a thorough *proving*, from its pathic relation to the above disorder, and its aff ready illustration of the law of Hahnemann. that no scientific description of the tree prod can at present be given.

If not identical, there is still a great rese between the *eucalyptus resinifera* of the ord *taceæ*, class *icosandria*, and the above, the pr the Australian continent. I may, however, be in this, so far as our present knowledge extends, appears to be a remarkably wide family of the eu spread over the entire continent of Australia. valence, however, of shrubs and trees of the ord *taceæ*, especially *melaleucas*, in the north an western regions of that continent, is a circumstance able to its partial identity, at least, with the nov obsolete kino of Africa and the Indian Archipe have recently applied to a distinguished botani scientific record of this tree, but without success, sequence of no specimens of the fruit or leaves been forwarded to him at any time. He furnis however, with a small sample of the gum of the *eu amygdalena*, the produce of New South Wales testing and comparing this in every way with th possession from the coast of Western Australia opposite side of the continent, I found such a superiority in the latter, that I should most d give it the preference over the former, or any have seen. Indeed, the latter has of late come i favour in the East Indies, at least among the a practitioners there. The demand in this cou recently vastly increased also, among the same practitioners.

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I can only, therefore, give a *natural* description of this gum or sap, from want of scientific knowledge of the tree itself. It is found in large and almost inexhaustible forest lands, on the western and eastern coasts of Australia chiefly, though it is common to the southern and even north-eastern coasts. So far, then, unlike the cinchona forests of Peru, the supply of this drug cannot easily be exhausted. We have recently learnt, that owing to the reckless practice of completely "barking" the cinchona trees, great fears are entertained respecting our future supplies of that valuable article, so much so, that with great expense and difficulty, plantations of shrubs taken from Peru have been commenced in British India.

The *red gum* as it were bleeds from the tree, dripping like drops of blood upon the soil closely adjacent to its roots; within the "faults" of the timber (and it is a very "faulty" tree) are large collections of the gum, so that when felled and being sawn up, the saw and trunk appear to be covered with blood, and this remaining upon the ground, speedily coagulates into a laminated friable mass, which when reduced to powder resembles a puce-coloured pigment. It is, on the western coast of Australia at least, a tree of large size, resembling the African oak rather than the family of eucalypti.

In the form of powder it can be readily preserved, and in the first decimal dilution with alcohol. At least, the latter is the number used by myself and a friend, in testing the homœopathicity of this drug. That its peculiar virtues in chronic dysentery are due to the homœopathic law, I have long felt convinced, and determined that so good an opportunity of testing that *law* should not pass without some attempt at a *proving*. None can say that *our armamentarium* is complete in all severe cases of dysentery, and I only regret that I have not used it long ago. Its qualities, I trust, may be yet fully proved by some of

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our more enterprising workers in the field of homœopa and I shall always be glad to aid them in every in my power.

The following are the symptoms most prominently sent in the provings to which I have alluded. This proving is of course fragmentary, but it is a fait picture of the effects of the drug upon the healthy b viz.:—

Colicky pains towards evening; bearing-down inclination to stool, but without an evacuation. This from taking 5 drops, 1st decimal. The pains contin the next day. On the following night 20 drops, in h tumbler of water, were taken. The previous sympt not more violent, but more continuous. On the morning from 10 to 15 drops were taken, and but l inconvenience felt till towards evening, when most se colicky pains, with bearing-down of the lower bo were developed. These were only relieved by lying upon the face; they continued for an hour, and diminished; and on the following morning a hard, evacuation was passed, with a small quantity of bloc its termination. Following this, for four or five days bowels were obstinately constipated, the latter termin in sickness and diarrhœa, with extreme giddiness general debility, relieved by *ipecacuanha*.

Under the influence of smaller quantities, such as and 4 drops, taken in water, the following symptoms prominent:—Evacuations hard, with sensation of tu cence of the mucous lining of the bowels; slight bea down, and frequent desire for an evacuation; na headache, great amount of flatulent distension, app decreased; lastly, the mucous lining of the bowels be irritable, and evacuations exhibited a tendency to diarr with bearing-down and greater rapidity of action usual in health.

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One of the chief inducements to my testing this drug at all, was a fact with which I had for years been familiar, and it was that the practitioners of Australia were or had been afraid of this gum, from its powerful action and reaction; conditions which at the present time appeared to me decisive of there being something like the homœopathic law in operation, and I feel satisfied this will be yet fully established to be the case.

I have ventured, then, to draw the attention of homœopathic practitioners to this valuable product, because I think there is nothing like testing some of the most popular of allopathic remedies, and finding out, what I believe will be the case, their decided homœopathic relation to the diseases in which allopathists believe them specifics. I know of nothing likely to be more serviceable to our cause than success in this way, especially at the present hour, when so much controversy regarding homœopathic principles and practice is abroad among us. We are much more likely to increase our own *faith* in the law of Hahnemann by tangible *provings*, of which all may satisfy themselves, than by disputing, and oftentimes recriminating, over *the dose.*

I do not hesitate to confess that my faith in the homœopathic law originated, some time before I embraced its practice, in the use of crude drugs, and not from infinitesimal doses. Had this not been the case, I question if my mind and conscience would ever have been satisfied with what abundantly satisfies them now,—namely, the range from infinitesimals to the mother tinctures. I believe there are many among us who have passed through the same process, and I conceive it would be good for every homœopathist to pass through some such process; for if he believe not the *law* he is nothing, and a life of subdued terror is before him. On no other ground can he feel comfortable in his heterodox position, unless his faith in

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drugs under any law or circumstance whatever be tirely annihilated.

No doubt many have entered upon the practice homœopathy without ever having tested with the cru drug, or used—however successfully, no matter—any otl than infinitesimal doses in the cure of disease. Th success in the latter will be enough to make them a others staunch converts, but not *confirmed homœopath for the rest of their lives.* And simply because they v never in this way satisfy themselves of the truth of *law.* I conceive that the best cure for the undue use *auxiliaries,* recently so much complained of, is this sort apprenticeship to *the law;* and whilst the disposition large doses will cure itself as experience matures, the of auxiliaries will tend to increase rather than diminish their adoption. It must and should be borne in mi too, that when the public calls upon the aid of home pathy, it is when it is almost or entirely sick and ti of these auxiliaries; and it is then homœopathy shir It was then it shone in the earlier years of its introduct to this country; and no more fatal error could creep among us, than allowing the public to see or suspect t our own *faith* is on the wane. Why should we lose *th* confidence and risk the allopathic charge of dishone into the bargain? I speak *only* of the adoption of allopathic prescriptions at the same time we are usi homœopathic, and calling this homœopathy. It is homœopathy—and more than this, it is not needed. W should homœopathic practitioners be found dabbling w those measures which the matured experience of highest of allopathic practitioners often leads them abandon? It was therefore this bold ground of claration and practice which forced the public, a through it the profession, in days gone by, to ackno ledge and study the pretensions of homœopathy. Up

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such groundwork, also, is due the progress and promise of the present structure; but that building is not progressing as it ought, or as it did formerly. Homœopathy, too, is a *medical reform;* but if it is now gradually to lose the distinctive characters of a reformation, it will pass away or be lost in the vortex of allopathy.

I think, therefore, it would be wise if we calmly inquired among ourselves whether our *faith* keep pace with the progress of our new doctrine of healing; and if it do not, let us test the doctrine ourselves, let us prove the Hahnemannic law, and if not satisfied with our proofs, it were better for it and us that we reject it altogether. We should not lose sight of the fact, also, that one of the most serious charges brought against us by our allopathic opponents is this: that we originated infinitesimal doses to cover failure of the dogma "like cures like," because we found, testing of course with the crude drug, that there was certainly no universality of the law, even if it were to be recognised as a law at all! I should hope, however, that there are few homœopathic practitioners living who are not able practically to refute this. But I do think we ought not to be content with the vague satisfaction that ours is better than the old treatment, simply from dissatisfaction with the latter. It will be well, notwithstanding, that the allopaths as well as ourselves test the crude drug with a view to determine the law. It is impossible to convince them otherwise. No medical practitioner can honestly, and with due respect to medical science and his own great responsibility, commence the one and undivided practice of homœopathy, till he has seen its operation through the various stages of acute and chronic diseases, through difficulties and trials incidental to the practice of physic, and especially through those periods when a brave faith that he is in the right and true path is essentially required of him. There are plenty of

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allopaths who have nibbled at homœopathy, very many whom make a boast to their patients of having done s and have fallen back solely, as I believe, from the fear the insufficiency of our *ars medendi.* But let them ta the leading drugs of our and their Materia Medica, and t them with small to them, but to us gross, quantities, and think we shall have a more suddenly-increasing accessi to our ranks than there seems now to be any possibili of. Between *their* utter disbelief in the virtues of infinitesimal dose, and that of many of our support among the public who believe that life may be imperill by a globule injudiciously administered, homœopathy "hobbled," and in danger of coming down upon its nc at every step. And we should never also lose sight of t fact, that it was *because* Hahnemann tested at first wi the crude drug, that he obtained that priceless boon t the future human race, the *small dose.* Let our opponer once test fairly his law with the large dose, and they w soon find the merit of the small; but they will nev make this discovery until they are both urged and pe mitted to work with what they recognise alone as appr ciable quantities.

I am aware that many will say there is nothing new all this, and will even deny its propositions; but I wou ask such persons if the most recent controversies a strictures, both between and upon homœopathic prac tioners, have not some connection with points of th nature. If there are faults within our body politic, th are such as we can only correct by looking inwardly, a seeing if they are not errors of our own. One of the mc damaging assertions, as it has always appeared to me, some homœopathists is, that under the *law* every sympto and every disease are to be met and controlled by dr agencies, and if at any time these drug agencies failed, would be the fault of the practitioner and not homœ

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pathy! I hope I have not exaggerated the views of those who propound this dogma; but in any case I must view that dogma as ultimately destructive of the cause it is intended to serve. For my own part, I conceive it to be one of the most unproved dogmas of modern medical science, and moreover, one that must, as time goes on, most assuredly destroy the practice of homœopathy. No sect of medical philosophers, since the world began, ever set up so sweeping and determined a dogma as this. Homœopathy is the law of drug-healing; but our admission of this is not equivalent to the declaration that drugs are the all in all of medical treatment! It is too often from neglect of the simple precautions of medical science, that homœopathy falls into errors and discredit. There is a wide difference between mixing up allopathic and homœopathic prescriptions, and bringing in all the aids of the medical art to our drug-healing.

But I imagine we may already observe the result of so trying an affix to any system of medical practice. There has latterly been a complaint that our practitioners do not remain long in the same place, but that they are continually running from one place to another, and the cause considerably damaged thereby. I have no time to go into this now, or inquire why practitioners in country towns change about. It is worthy of inquiry, nevertheless, and may possibly be the result of the unsafe way in which we display homœopathy before the public mind. If we avow to the public, infallibility as the test through which our country and town practitioners are to pass, then there must naturally be some changing about among the mass of them. Those amongst the public who embrace homœopathy are jealous to a degree in the matter of its success, and, urged by the taunts of their opposing acquaintances, seek refuge in condemning and withdrawing their support from the luckless practitioner of the district. They may

be said to give him, on an average, three years' trial, and if by that time he have not spread homœopathy to the extent both their convictions and desires point out, he is left high and dry—a sufficient hint that a more promising successor should be sought without delay. This is the only reason I can assign for the evil alluded to; and it should be inquired into. It is a position not creditable to medical science, and certainly not to homœopathy.

A CALENDAR OF CASES TREATED AT THE PENZANCE HOMŒOPATHIC DISPENSARY, DURING THE YEAR 1862.

By J. H. Nankivell, M.R.C.S., Eng.

(Continued from page 177.)

M. F., aged 45. She has for several years been the subject of strumous wounds in the cellular tissue surrounding the gluteal muscles. She states that several years since she had a severe attack of itch, and anointed herself with mercurial ointment; that the eruption disappeared, and ever since she has had the ill-conditional sores above mentioned. There is often a stabbing sensation in the sores, and they often bleed; occasionally there is an erysipelatous appearance about the affected parts. The medicines given were *sulphur*, *carb.* v., *arnica*, *arsenicum*, and *silic.* Under the influence of these remedies, she has at times been so far benefited, that the wounds have nearly closed, but the constitution of the patient is so weak, that there is always a tendency to relapse, so that it is probable her case admits only of palliation. Relieved.

R. F., aged 50, husband of last mentioned, has for many years been subject to attacks of epilepsy; some of the attacks are severe, others are much less so, and by the patient are termed "Qualms." I was induced to t

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hyos. 3 in this case, from reading the following statement by Professor Hoppe, of Bâsle; "After the administration of hyoscyamus in epileptic cases, I have known a few instances in which the disease has never recurred." Although I cannot say that *henbane* in the above case has been curative, I can affirm that it has been remarkably beneficial, and that the attacks have become less frequent and less severe. Relieved.

T. W., aged 35, a widow, is at times the subject of severe headache. It was not possible to discover any particular cause for the affection, or rather, I should say, I was not able to recognize any. She took *glonoine* (3), and was much benefited. Relieved.

M. C., aged 30. Has been married seven years, and borne two children. Husband has been abroad for three years and a half. For three years her spirits have been much depressed, and she has suffered severe neuralgic pains in the right breast, which shoot through the axilla to the scapula, worse when lying down and when moving the arm. The pain is of a burning character as if boiling water had touched the breast. At times it commences with a stab followed by scalding; has occasionally been free from pain for a week or two, but of late the pain has been unremitting. Before the catamenia the pain is severe, and after the period it is mitigated; the intervals are of six weeks. There is no lumbar or abdominal pain during the function; occasional leucorrhœa; has nervous headache; appetite "mean;" bowels constipated; sleep disturbed with frightful dreams. During the month of her attendance at the Dispensary she took *bel.*, *arsenicum*, *lachesis*, and *conium* without any benefit. Uncured.

W. K., aged 63. This man often rejects his food soon after meals. This inconvenience is not accompanied by any of the more painful symptoms commonly existing with indigestion. He took *nux vom.* 3 without relief; then

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ipecac 3 with much benefit. He had, finally, a few doses of *sulphur*, and recovered. Cure.

M. W., a youth aged 15. Debility from his sedentary trade and slender fare. Rest and a more liberal diet were the only medicines required. Cure.

A. W., a girl aged 8. Common cold relieved by *dulc.* Cure.

S. B., aged 70. This woman had a small and painful varicose ulcer near the inner ancle. She could not be induced to rest the foot, and consequently but little good was done by our applications. Uncured.

T. L., aged 19. This lad has become deaf from strumous affection of the outer ear. He took *sulph.* 3, and the next week *phos.* 3. At the end of five weeks he stated that his hearing was perfectly restored. Shortly after he came again to the Dispensary, saying that his deafness was again increasing. I thought it right to give him *spongia*, and the last report I had from him was that he was better, but that the hearing was still indistinct. Relieved.

M. L., aged 40, married. She has been the subject of epilepsy for ten years; she falls down suddenly and is convulsed; there is a total loss of consciousness for several minutes, after which she feels stupid and inactive; the pulse is slow (60); appetite bad; bowels regular; the catamenia appears pretty regularly, but the appearance is pale, like dirty water, and followed by leucorrhœa. Bœnninghausen asserts that *calc. carb.* and *causticum* are two of the best remedies for epilepsy in delicate females with disordered menstruation. She took *calc. carb.* with some advantage, but is still subject to fits. I purpose testing in this case the powers of *causticum.* It is remarkable that this remedy still maintains its position amongst our German brethren, although it is well nigh repudiated by English homœopathists. With every respect for the opinion of my fellow-countrymen on medical matters in general, one

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cannot help feeling that the "restless" unwearied observation of the phenomena of disease, and the effects of medicinal agents by such men as Bœnninghausen, are entitled to our respect and imitation.

T. T., a man aged 50. Both legs from the knees downwards are affected with a kind of chronic erysipelas. He says that on one occasion he sprained his right ankle, and was induced to apply a mercurial ointment; that soon afterwards the right leg inflamed, and by and bye the left also; the pain is of a burning character. He took *merc. sol.*, *sulph.*, *rhus*, *ant. crudum* without any benefit. Uncured.

A. T., aged 16, a girl, has had bad eyes for the last two years. There is a halo of pink vessels around the corneæ, showing that the sclerotic coats are affected. The conjunctivæ have also net-works of inflamed vessels. There are a few small ulcers at the circumference of the corneæ; intolerance of light and lachrymation; of a morning the lids are adherent with mucus; easterly winds bring on aggravation of her sufferings; catamenia profuse. She took during the first week of treatment *ac.* and *bel.* alternately; during the second week *ars.* and *china* in alternation; and, last of all, *calc. carb.* She made a good and, I believe, a permanent recovery. Up to the month of August of the same year there had been no relapse. Cure.

M. G., aged 50. Chronic bronchitis with much emphysema of the lungs; great dyspnœa amounting at times to a feeling of suffocation; cough very troublesome, expectoration difficult; pain in back and sides; pulse small and weak, not much accelerated. She took *bryonia* only, and with very good effect. The improvement in this case was much greater than could have been anticipated. The patient was grateful; considered herself to be well "mended up;" she has not reapplied at the Dispensary. Relieved.

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W. R., aged 35. Is the subject of epilepsy. The fit generally come on during sleep, at three or four in the morning; he frequently has twitchings of the lips, which sometimes are premonitory of a fit, but not always so before a fit he feels a distention of the abdomen; he is at all times heavy and drowsy. He had *opium* first, and afterwards *hyoscyamus*, but without much benefit. Uncured.

M. O., aged 30. This woman had been confined about six weeks at the time I was requested to visit her. After the birth of the child she had smart hæmorrhage, which was arrested by the means used by her accoucheur. Her strength, however, did not improve, and the loss of blood was succeeded by general œdema, especially of the lower extremities. As the allopathic remedies with which she was supplied were extremely unpleasant, and produced nausea and disgust, she was advised to try if homœopathic treatment would not render her some service. She took *china* and *ferrum*, and what was more important, generous diet, with much benefit, and slowly recovered-and has remained well up to the present time. Cure.

E. V., aged 50. For the last seven years has suffered from dysuria, which he attributes to the effects of a cold had frequent desire to urinate with a sensation as if the bladder was never quite emptied; the desire to urinate accompanied with a pain across the loins; he thinks the urethra is contracted, as the stream is small. When young man had gonorrhœa three times, and used bougies and injections. ℞—*Canth.* at night, and *bel.* of a morning. At the end of the first week of treatment there was not much improvement. ℞—*Cannabis* 3, one drop three times a day in water, for seven days.

February 3.—The stream of urine is larger, but there is still frequent call to urinate. ℞—*Canth.* 3, one drop night and morning.

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10th.—Is much better, but feels as if he had an attack of piles—pain in the rectum. *Canth.* produces burning in the anus and tenesmus, and it is possible that this may have come on as a pathogenetic effect. The condition of this patient was much improved, and some weeks after the last visit, I ascertained that he was going on well. Relieved.

E. B., a girl aged 20. Ten years since had an attack of scarlatina, and has ever since been deaf. There is a constant noise in both ears as of a kettle singing, and there is a chronic otorrhœa, the discharge smelling very offensively. She is subject to headache, often has a swimming in the head, and is unable to keep the eyes fixed on any object but for a short time. She attended the Dispensary for a month without any benefit. According to the observations and researches of Dr. Troltsch, of Würzburg, persons who are the subjects of chronic otitis often die suddenly from acute tuberculosis, of meninges, or of intestines, or of lungs, and this from a septic infection of blood. Professor Bach, of Munich, thinks that miliary tuberculosis often arises from the cause referred to. The tympanum is but too well filled to serve as a centre of infection, when pus, deposited in its cells, has undergone a curdy or cheesy metamorphosis. I have in our Journals recorded a case in which caries of mastoid cells, consequent on otitis, gave rise to almost sudden coma and death; and another case, in which deep-seated pus, communicating with the mastoid cells and internal ear, was producing grave symptoms indicative of serious lesion to the brain, and which pus was set free by the use of the lancet, with the perfect relief of the patient.

S. N., aged 40. For many years has been subject to epilepsy. When she was seized with the last fit, she was sitting by the fire, and fell against the grate; her throat, chin, left cheek, and outer canthus of the left eye were

TWO CASES OF ABDOMINAL ANEURISM.

badly burnt; the parts cicatrized leaving bad scars, but no distortions from contraction of cicatrices. *Hyoscyamus* seems to have rendered some service to the patient, but it is impossible for some months, or even years, to report with any degree of certainty as to whether the benefit will be permanent. Relieved.

D. R., aged 6. A simple case of diarrhœa in a boy scarcely requiring medical treatment. He took *calc. carb.*, and afterwards *china*, and recovered.

M. W. A woman having a severe paronychia. The case had been neglected, and was apparently at once arrested and brought into healthy action by *silicea* 5. Cured.

B. D., a fisherman aged 43. A case of severe indigestion, which he attributes to a fright. He heard that a near relative was drowned. Moreover, he has been depressed in mind in consequence of his wife having died in child birth. Has attended at the Allopathic Dispensary for a month. It is very commonly the case that patients try first one and then another of the Dispensaries. With them it is "Tros Tyriusve nullo discrimine," &c. He has a hard, burning sensation in the stomach after taking food, and much flatulence, bowels constipated, sleeps badly. He took in succession *ignatia, nux vom., arsenicum* with only partial benefit. Relieved.

TWO CASES OF ABDOMINAL ANEURISM.

Abstract of a Paper read before the Liverpool Homœopathic Medical Society,

By Mr. Gelston.

The first case was that of a glass-blower, who two years after reported himself cured. The means are detailed under head of treatment. The disease was diagnosed as aneurism of the superior mesenteric.

TWO CASES OF ABDOMINAL ANEURISM.

The second case (exhibited to the Liverpool Homœopathic Medical Society at previous meeting) was that of a blockmaker, æt. 32, who began about two years ago to be troubled with a pulsation in the abdomen. No particular cause can be attributed for the origin of complaint. Enjoys tolerable good health, but latterly obtains little sleep, and is troubled with obstinate constipation, and severe pain in the abdomen and back; the urine, examined by heat, shewed a faint cloud. On examination of abdomen, there was found a dilated condition of the aorta, the greater diameter in a line transverse to the umbilicus. The impulse of the vessel very forcible, the pressure of the hands on examination occasioning pain and faint sickly feeling. To the ear, the single stroke of the artery only discernible; no *fremissement* or *bruit*. Mr. Gelston considered the disease a sacculated aneurism of the aorta.

The examination of the heart discovered a loud bellows sound, which may be referred to insufficiency of the aortic valves, or to dilatation of the aorta above the valves, which, as Corrigan has exemplified, may occasion the bellows murmur, irrespective of any valvular lesion. The pulse was not intermittent.

The cause of aortic aneurism has been referred to over-action of the heart, violent efforts, mental emotion, and prior disease. Marjolin, Berard and Bouilland have ascribed it to hypertrophy of the left ventricle.

Treatment.—Albertini and Valsalva bled, at first largely, then to a moderate extent, reducing the food to 12 ozs. solids and 8 ozs. of fluid daily, so that the patient at last could hardly turn in bed or raise the arm. In the majority of cures recorded by Hodgson, debilitating measures were resorted to: bleeding repeatedly, low diet, occasional purges, *digitalis*, and cold lotions. Pelletin recorded fourteen cases, two of which were cured, the rest benefited. In several, bleeding was carried to a great extent,

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very rigorous diet, and applications of powdered ice. Miller recommends general blood-letting, but not *to* excess, otherwise tumult by nervous reaction will result; *aconite* or *belladonna*, to maintain the state of depression; food sparing, but not too meagre. As remedies, he also mentions *colchicum* and *acet. plumb.*

At present this system is condemned, for these reasons: that coagulation of fibrine seems to be impeded by all lowering measures, and that the rapidity of the circulation and throbbing of the arteries are increased by depletion. Dr. Copland says he has seen cases in which aneurismal tumours had existed for some time without any increase, as long as the patient avoided any marked vascular excitement, and continued his accustomed diet; but when repeated depletions and vegetable or low diet were adopted, great augmentation and fatal results soon followed.

The treatment adopted in the first case—and intended to be pursued in second—recorded, consisted of a firm bandage round abdomen, with occasional application of vinegar underneath; a diet as dry as endurable, not meagre; very moderate exercise; and *digitalis* in doses of 5 to 10 drops, twice or thrice a-day, suspended at intervals.

In the discussion which ensued, Dr. Norton recommended trial of galvano-puncture; and as a constitutional remedy, *calc. carb.*

Dr. Hayward had doubts of a true aneurism assuming a sacculor form, and had little hope of cure by bandaging.

Dr. Geogan remarked, that on examining the subject four days ago, he failed to detect the *tumour*, but recognised the *bellows sound.*

Dr. Roche had little confidence in abdominal bandaging; he recommended *acon.*

The President doubted whether this case could be considered a true aneurism, such as consisted of a rupture of

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one of the coats of the artery, and remarked that Dr. Drysdale, who had examined the patient attentively, considered that the disease of the aorta was *above* the diaphragm, and consisted of dilatation of the thoracic aorta. He (the President) recommended trial of the snake-poisons, especially cobra; also *plumb. acet.*

Mr. Gelston replied: Galvano-puncture had been practised, but was hardly applicable to the disease under consideration. Drs. Hayward and Roche had doubts, and no confidence in pressure by bandaging, without adducing any reasons against a means the most rational, and at present the most gratifying, of any in the *rôle* of conservative surgery.

Dr. Geogan had been somewhat unfortunate, as he had discovered the sign of a (false) aneurism, which was not present, and could not discern a true one, which was throbbing under his notice with greater force than the heart itself.

Mr. Gelston remarked that the President had very naturally been misled, by the non-ingenious nomenclature of aneurism, into a mistake of the pathology of the disease, which was, however, just the reverse of his conception. He (Mr. G.) understood from Dr. Drysdale himself, that he regarded the disease as a dilatation of the aorta, with disease of the heart. (Dr. Drysdale, on being appealed to at next meeting, confirmed the President's impression of his diagnosis.) There was no evidence whatever, beyond the *bruit de soufflet*, to indicate thoracic aneurism, and which was more readily assumed to belong to valvular disease, but there was palpable evidence of disease in the abdominal aorta, which he (Mr. G.) should have thought patent to the dullest comprehension.

DR. HEMPEL AND HIS DETRACTORS.

By Dr. Cockburn, Glasgow.

In a recent number of the *Homœopathic Review*, there appeared a long article by Dr. Wilson of London, on Dr. Hempel of Philadelphia. What good purpose Dr. Wilson expects to serve by publishing such a disparaging paper is more than I can comprehend. The sole object of the article, as shewn both in the title and in its entire matter, is to shake our confidence in Dr. Hempel, and to bring him into disrespect. Our opponents might be glad at this; but I see no reason whatever why we also should rejoice at it. No one, either of the present or past, has done more for homœopathy than Dr. Hempel; his numerous works and translations are well known to every one at all versed in the literature of our school. And though some may differ from him in reference to his peculiar views regarding drug powers, chiefly, I believe, because he has not been rightly understood on this point, still no one who is at all familiar with his writings, would be led to infer from these that he was ever likely to be guilty of "inexplicable errors and omissions," "errors of such magnitude as seriously to retard a sound knowledge of materia medica;" as one who disseminated a "spurious" homœopathy; who, simply as a translator, was guilty of "endless blunders," "inexcusable negligence," and "hideous abridgments," and as an author, instead of being clear and elegant, was "obscure" and "slovenly;" that his works, in place of being calculated to give information and assist the practitioner, or to advance the cause of homœopathy, ought to be protested against as "dangerous works;" and that all who placed any confidence in them were, to "a certain if not alarming degree, groping in the dark." And yet, according to Dr. Wilson, this is Hempel's true character.

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If the champions of homœopathy are thus treated—or rather, maltreated—by their own colleagues, what may they not expect from their opponents? It pains one exceedingly to see such a total want of generosity, respect and sympathy manifested by one homœopathic practitioner towards another, and without any sufficient reason whatever. Dr. Wilson, it would appear, after a slumber of eleven years, has began to translate patches of Hahnemann's *Materia Medica*, and finds that Hempel's complete translation, which was published seventeen years before, differs in many points from his. Apparently being proud of his scholarly attainments, Dr. Wilson very modestly sets himself up as a critic as to the relative merits of his own and Hempel's translation, and complacently comes to the conclusion that Hempel's is utterly wrong, and that his, of course, is right; that Hempel's translation is a tissue of "endless blunders," "hideous abridgments," and "inexplicable errors." Now this really appears to me to be too bad. If Dr. Wilson, or any other person is so thoroughly acquainted with the German language as to be able to give a new translation of Hahnemann's works, which he considers in any respect better than Hempel's, by all means let him set about the work and publish it. But in all common fairness, allow the profession to form an estimate as to its intrinsic or relative merits. It may be quite true that Dr. Wilson's translation would be better than Hempel's, though we will require to see it as a whole to know this; but there would be no reason on that account for blackballing and traducing Dr. Hempel.

"Everything is what it is *exactly*, and not merely *almost*." This is quite true; but supposing we were to have fifty translations of Hahnemann's *Materia Medica*, it is certain that we could not get two of them *exactly* alike—the thing is utterly impossible. Peculiarities in phraseo-

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logy, idiomatic expressions, involved and obscure s tences, textual errors, &c., all give occasion for differe of more or less importance. Dr. Hempel in his in duction frankly admits that "Hahnemann's phraseol is so involved, and bears so little resemblance to the u modes of constructing periods, either in German or other language, that it is utterly impossible to furni bare translation of Hahnemann's writings." And fur on he continues: "There is but one way of turning t into another language, that is, first to master the sens a period, and afterwards to embody it in the for tongue in a free manner. This is the course I have sued in translating this volume. I have not transl *words*, but *ideas*." Hempel's translation of Hahnem whole *Materia Medica* is the only English translatio the world of this, the most important of Hahnem labours; and the profession owe him a debt of grati for it. It is seventeen years since it was publishe that there has been abundance of time to discove merits and demerits. Eleven years ago, Bonningha gave Dr. Wilson to understand that Hempel's transl was imperfect; though it was scarcely to be expected Bonninghausen could form a correct estimate of an En translation. But why has Dr. Wilson taken eleven to get a few detached passages of Hahnemann's *Ma Medica* translated? The "slovenly" Hempel did dream so long over it.

However, a new translation will be welcomed by profession at large, more especially if it comes from so highly gifted as Dr. Quin. When it does appea shall then see whether or no we can shoulder any of past want of success in practice on Dr. Hempel's translation, as Dr. Wilson would imply we should. true genius of Hempel, with all his peculiarities, is yet fully understood by some. His large acquiremen

a scholar; his thorough knowledge of the internal structure as well as of the external development of homœopathy; the clearness and comprehensiveness of his judgment; his ability as a critic; the extent of his arduous, difficult and painstaking labours, both as a defender and champion of homœopathy, entitle him to the highest respect and esteem of all his colleagues, notwithstanding that his translation of Hahnemann's *Materia Medica* may differ from that of Dr. Wilson.

Dr. Quin's translation, when published, will to some extent give the profession an opportunity of judging how far Dr. Hempel has faithfully translated Hahnemann's real ideas. Every translator is allowed very considerable latitude, whenever it appears that there is any unnecessary repetition of words, redundancy of language, or obscurity of meaning; possibly Hempel has exceeded in this latitude, and abridged too much. As to his confounding "halsgrube" with "harzgrube," or "stirn" with "oberkopfe," is childishly absurd; the veriest tyro in German would know the difference. Any change upon words, and any departure from the literal text of Hahnemann, must have been done purposely and intelligently, from reasons which to the translator appeared wise and judicious. *Humanum est errare.* So may have Hempel. But those who have the wisdom and understanding to point out his errors, can surely afford to do so with charity.

Since the preceding pages were written, Dr. Wilson has occupied several pages of a subsequent number of the *Review* in still further endeavouring to detract from the reputation of Dr. Hempel. He professes to have "no other cause to serve than truth, in a matter that concerns the best and dearest interests of suffering humanity;" but what benefit suffering humanity will derive by Dr. Hempel being detracted, or by his translations being pitched overboard, or what new truth or what addition to truth has

been made by this attack of Dr. Wilson, does reveal itself. It may be that my mental compreh very limited and obtuse; but I cannot yet see, f thing advanced by Mr. Wilson, that "our nobl has been for years labouring under unparall unpardonable disadvantages," by Hempel's tra Neither am I prepared to admit that there are homœopathists who "falsely" practice under th of Hahnemann, and still less that I am one notwithstanding my admiration of and respect Hempel. Dr. Wilson ought either to withdraw pression of want of confidence in his colleagues, c point out the parties he is referring to, and su the truth of the assertion as to the many who are falsely, as the charge is a very grave one. We n widely among ourselves on many points of great importance, and yet as a whole be united, anc viduals be true and honest. Professionally, I kn higher crime than for any one to practise medici false pretences, whether he be Galenist or Hahne This expression of Dr. Wilson gives a fine to adversary; for whether we look upon the stat conveying the idea that there are many homo who are *falsely practising* under the banner o mann, or that there are many who *falsely consi* selves to be homœopathists when they in realit does not in fact make much difference. One w considers himself a homœopathist, and practises he were one, when in reality he is not, must no (using the offensive term of Dr. Wilson) false in sideration, but must as a consequence be fal practice.

In his second article, Dr. Wilson brings a dire against Dr. Hempel, for having "entirely omitted" number of *two hundred and thirty-six* symptoms b

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to *sarsaparilla*, a medicine which hitherto has indeed been very little used by homœopathists, and in so far as I am aware, either from reading or personal experience, neither the "dearest interests of suffering humanity, nor the cause of truth" would have suffered very seriously, though this famous drug was entirely omitted. However, let us see if the charge is true. At present, I shall assume that Wilson's translation is correct, and not compare it with the German. In doing so, it would be a useless waste of precious time to go over all the 236 so-called omissions; in place of that, I shall take quite promiscuously all on the 447th page of the *Review*, amounting to 32. The reader will at a glance see, from the two subjoined columns, how far the individual symptoms given by Dr. Wilson are "*entirely omitted*" by Hempel.

Dr. Wilson's charges of omission.	*Symptoms given by Hempel.*
160. Slimy mouth, early.	Tongue coated white, in the morning.
161. Constant accumulation of saliva in the mouth.	Tenacious mucus in the mouth.
162. Dryness of the mouth without thirst. 163. Dryness of the mouth and throat; early in bed.	Dryness of the throat in the morning.
171. Spasmodic constriction of the throat; he must loosen his dress to get a breath, which affords no relief.	Constrictive sensation in the throat and chest, with difficult respiration.
173. Roughness in the throat, frequently returning. 174. Roughness of the throat every other day.	Roughness and dryness in the throat.
176. Sweet taste in the mouth when smoking tobacco.	Sweet taste in the mouth.
178. Bitter taste upon the lower lip, early 8th day. 179. Bitter taste of the bread.	Bitter taste.

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185. No appetite at breakfast (6th day).	No appetite.
186. No hunger and no appetite, at mid-day he ate but little (2nd day).	No appetite, no hunger.
187. Stronger appetite than usual several days.	0 0
188. No inclination for tobacco, the taste of which seemed to him quite changed.	
190. Total want of thirst the whole time.	No thirst.
191. Thirst frequently during the day.	0
192. Thirst, &c.	0
193. Thirst, &c.	0
195. Ineffectual desire to belch up with spasmodic turning in the stomach, soon after the mid-day meal.	
196. Hiccoughing rising, soon after taking the medicine.	Constant, imperfect e tions.
197. Frequent empty eructations, forenoon and in the evening.	
198. Rising with taste of what has been taken, after mid-day meal.	0
199. First bitter sour, then empty eructations.	Bitter sour eructations.
201. Bitter rising during the mid-day meal.	Bitter eructations after ing and eating soup.
204. Hiccoughing, in the evening long continued.	See 197.
205. Hiccoughing, after mid-day meal.	See 195.
207. Bitter risings, before and after the mid-day meal.	Gulping up of a bitte liquid.
208. Sour risings, in the afternoon.	
209. Nausea and inclined to vomit; constantly heaving.	Constant nausea.

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110. Great nausea with constant imperfect urging to vomit.	Great nausea in the morning with vomiting.
118. Pressing in the pit of the stomach, in the evening, whilst singing.	Constriction in the stomach.
122. Heat and burning in the stomach.	Heat in the stomach.

Now the question is not one regarding the perfect imilarity of the symptoms given in the two separate olumns, but one regarding a certain degree of similarity nd none at all. As before admitted, if different transations are free and independent, we must have different enderings to a greater or lesser extent; but Dr. Wilson ffirms that the whole of the symptoms on his side are ntirely *omitted* by Dr. Hempel. Is this true, or is it ot? Can any one in his sober senses say that Hempel as *entirely omitted* all these symptoms charged against im by Dr. Wilson? I cannot believe it! And if not, he question arises, how far and wherein do they agree, nd how far do they differ. My own judgment is that Hempel's somewhat abridged list contains *all* that is sential in Dr. Wilson's more extended paragraphs. In me of the symptoms, though the number of words is fferent, the very phraseology is the same in both. There e points of difference that is clear; but what do these fferences amount to, and on which side does the advange lie? Let us see. But before proceeding to this, low me to observe that I simply give the reasons which pport themselves, after an ordinary examination of the bject; but that Dr. Hempel may have other more owerful reasons than any I have to give.

At paragraphs 173 and 174, we have "*roughness of the roat, returning frequently, and roughness of the throat turning every other day.*" If both of these mean the me as regards frequency of return, the first merely

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states in a general indefinite way, what is specially ind cated in the second; the first being thus rendered usele But there is no proof that the return of the roughne every other day was specially characteristic. In place that it merely returns frequently,—a term, which while includes every other day, might also mean every thi day, every day or several times in one day, just as we Hempel has, I think, very judiciously given only t symptom without specifying the period which is eviden uncertain.

At 176, we have "*sweet taste in the mouth when smok tobacco.*" If the smoking of tobacco was a condition ess tial in the production of the sweet taste, then the sympt could be of no use excepting in the case of a toba smoker. But it would appear that a sweet taste i positive symptom of *sarsa.*, independent of the condit of smoking, and therefore the condition is of little or value. Hempel gives us the positive symptom, with the condition of smoking. The smoking of tobacco sho not be allowed to any one while proving drugs. To s extent it is quite equivalent to proving two drugs at o or testing drugs in a morbid condition of the system. every one without exception, no matter how long ac tomed to the use of the narcotic, it must have *some* fluence. It is strangely inconsistent to see some p titioners make such a noise about a patient using a cu tea or coffee, or smell a little eau de Cologne, w taking homœopathic medicine, and yet can tolerate wink at the prover consuming two or three pipesfu tobacco every day. Tobacco is a much more powe drug than tea or coffee, and its use by the prover n have a far more counteracting influence on the chara of the symptoms produced, than either tea or coffee have on the effects of a remedy used by a patient.

At 179, we have "*bitter taste of the bread.*" Hem

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does not give this so-called symptom, and very properly; but he gives what *sarsa.* does produce, namely, a bitter taste in the mouth—not of bread, nor beef, nor anything else; but in the mouth. The bitter taste of bread given by Wilson, and the want of the usual taste of food, given by Hempel, very likely both depend upon the one main symptom—namely, a bitter taste in the mouth, which would cover the natural taste of all ordinary food.

At 187, we have "*stronger appetite than usual.*" This symptom is not given by Hempel, and when compared with symptoms 185 and 186, there is reason to suspect cannot be a drug-symptom at all, but a curative action. *Sarsa.*, by its direct action, takes away the appetite.

At 188, we have "*no inclination for tobacco.*" This so-called symptom is also not given by Hempel, and it appears to me from a very good reason, namely, that it is not a drug-symptom, and has no necessary correspondence with any disease whatever. Want of inclination for tobacco is a *normal*, not a *morbid* condition.

At paragraphs 191, 192, 193, we have "*thirst frequently during the day, &c.*" For these three paragraphs referring to thirst, Hempel gives no corresponding symptom; and for this there is one strong reason. When compared with symptom 190, these three paragraphs constitute a flat contradiction. For, if it is true that *sarsa.* produces a *total want of thirst during the whole period*, how in the name of goodness can it have an opportunity of producing thirst at any time? Unless we are to be mere automatons or puppets, simply repeating everything that is set before us, we cannot accept of these contradictions as being true. There must in every science be a reasonableness and propriety in everything we believe, come from what source it may.

Paragraphs 195, 196, 197, are essentially comprehended by the one given by Hempel, namely, constant, imperfect

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eructations. I can see nothing in either of them singl or in all of them collectively, different from Hempel And why use thirty words where three will answer t purpose? The difficulties in mastering the Mate Medica are intrinsically great enough, without increasi these difficulties by a useless redundancy of words a mode of expression.

At paragraph 198, we have "*rising with taste of w has been taken, after mid-day meal.*" This is not given Hempel, but he gives a symptom quite equivalent to namely, bitter eructation after drinking and eating sou eructations tasting of the food are not characteristic *sarsa.* The risings, during and after a meal, it produ are *bitter.*

204 and 205 are not given by Hempel. They merely different modes of expressing what is contained 195, 196 and 197 already referred to. 207 and 208 clearly expressed in one short paragraph by Hempel.

218. "*Pressing in the pit of the stomach in the even whilst singing.*" This is not given by Hempel. If singi and that in the evening, are conditions essential to production of this vague symptom, suffering human would not lose much by its being expunged altogeth Any shade of value in it is expressed in the correspond symptom given by Hempel, namely, constriction in stomach.

What is true of these thirty-two paragraphs taken wi out the least attempt at selection, one would expect hold more or less so in the case of the whole series of hundred and thirty charges of omission. If not satis as to the essential agreement between Hempel's free abridged translation of these 32 paragraphs, and his o more extended list, I would ask Dr. Wilson to state w real disease, or what stage or phase of any disease tha represented in his list, that is not equally well represen

in Hempel's? Let him name this, for I am not able to discern any; and if he can't do this, what comes of his superlatively high sounding charges against Hempel, and of his boasting about the greater superiority of his correct translation? True, "no one having the interests of homœopathy at heart, could wish to see incorrect translations in circulation;" certainly not—but we have yet to get the evidence to warrant us in believing that Dr. Wilson would be the only standard of appeal. And though there is very little chance of us all becoming provers and translators, still it is true "that the best and the quickest way in the end of acquiring available knowledge and independence, is for each one to work for himself: unless, indeed, we are too lazy, and prefer hobbling along on other men's crutches entirely," and therefore as a corollary we would infer that the more provers and translators we have the better.

A LETTER TO A MEDICAL FRIEND.

By Fred. Smith, Esq., Penzance.

Dear Sir,—I cannot say that I was altogether sorry that I was not at home when you called to return the book I lent you,* as I have thus afforded me an excuse for *writing* to you on the subject of homœopathy. To tell you the truth, although we got on very amicably during our long discussion a fortnight ago, I could not help feeling that the controversial *spirit* was not entirely absent on either side; and as I know that I can *write* without being in any measure actuated by this enemy to truth, so

* *An Introduction to the Study of Homœopathy.* Edited by J. J. Drysdale, M.D., and J. Rutherfurd Russell, M.D. London: J. Leath, 5, St. Paul's Churchyard. 1845.

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am I sure that, *reading* this latter in the privacy of your study, you will not fail to give it an impartial consideration. In every respect, therefore, my accidental absence will no doubt turn out for the best, as it is not likely that I should have been able, *vivâ voce*, to state as clearly as I do on paper, the evidence I have to lay before you; nor is it reasonable to expect that, during a discussion with a layman, the *amour propre* of the doctor should not have been aroused, and the mind, instead of calmly exercising the judicial function, have been occupied with inventing arguments, if not suggesting sarcasms.

What impression the work by Drs. Drysdale and Russell may have left on your mind, I do not of course know, not having seen you since you read it. I can only hope that it has excited a desire for further information. And so, availing myself of your permission to send you any treatise on the subject I might think proper, and presuming on your promise to read it with attention, I now send you a pamphlet by Dr. Horner, published by him in 1858, on his becoming a convert to our system.

I am sure you will admit that Dr. Horner is a competent authority on this question, from his standing in the profession. For I need hardly tell you that he was appointed, in the year 1854, President of the "British Medical and Surgical Association," which includes amongst its members the President of the Royal College of Physicians and the President of the Royal College of Surgeons; so that he was, for the time being, the PRESIDENT of the PRESIDENTS; and such was the esteem in which he was held by this Association, that on his term of office expiring, he was elected their *perpetual* VICE-PRESIDENT.

In the year 1858, the date of his avowed conversion Dr. Horner was 55. I mention the fact, because, on the venerable Dr. Conquest, of St. Bartholomew's Hospital

becoming a convert at the age of 70, it was said, "*Oh! he's in his dotage;*" and when comparatively young men embrace our system, we are told "*they know nothing of their profession.*" Against Dr. Horner neither of these insinuations can be cast. In the year 1854-5, Dr. Horner, at the age of 52, is the man whom the whole profession is delighting to honour. In the year 1858, we have Dr. Horner three years older—and according to all experience of great men at this epoch of their existence, a wiser man still, with greater stores of learning, and judgment more matured—announcing his conversion to homœopathy. At the age of 55, then—neither a "juvenile ignoramus," therefore, nor a "senile dotard"—we have Dr. Horner coming before us, stamped with the authority of his professional brethren, and making his confession of medical faith—making it, too, with the full consciousness that he should be maligned, deserted, stripped of his professional laurels, and deprived of a large share of his income! Is it possible to conceive of a more reliable, a more unimpeachable witness?

Well, we have at the present moment 5000 homœopathic practitioners; and I am not going to say, "*Ex uno disce omnes;*" but this I will venture to affirm, that these 5000 men will bear comparison with any 5000 members of the profession generally, for classical learning, scientific attainments, medical knowledge, and moral character.

But here I must make an admission. Of these 5000 homœopathic practitioners, only 3500 were educated at allopathic hospitals, and practised that system at one time; the remaining 1500 were educated at American colleges, &c., as *pure homœopaths*. Not knowing anything of the allopathic system—at least, I am not in a position to shew that they do—I admit, at once and most freely, that their being homœopathic practitioners is *nil, quoad* the argument in favour of homœopathy. Leaving,

then, this 1500 out of our calculation, we have at the present time 3500 gentlemen practising the homœopathic system, who were educated and practised as allopaths, and who are therefore acquainted with both systems—to say nothing of the hundreds who, during the last sixty years, have done the same, and are now no more.

Such, then, are our witnesses. And to what do they bear testimony? With united voice they declare—1st, that by employing the homœopathic system, they are enabled to cure ordinary diseases in a much shorter time; 2ndly, that they are enabled to cure many diseases which are *in*curable by allopathic means; 3rdly, that they are enabled, humanly speaking, to save many more lives; 4thly, that they avoid the inflictions of physical suffering, and their after-consequences called "drug-diseases," alleged by the late "Dr. John Farre, when he had had a half-century of medical experience, to be *nine-tenths* of all the diseases that came before him."

And now, dear Sir, let us turn for a moment from the members of your profession to the great body of the people. What have we here? No less a number than one million of lay converts!* And surely these, who have been under *both* systems, may be regarded as tolerably fair judges as to which of the two has proved most efficacious in their cases. I can truly say that I gave allopathy a perfectly fair trial. For fourteen years I was unable to read for three minutes together, and during this time I was under the leading men in the profession, such as Ware, Guthrie, Alexander, Southwood Smith, Travers, Tyrell, Macmurdo, and Laurence: the latter declined to prescribe for me, saying he could do nothing in such a case. At the recommendation of a friend, but without the slightest expectation of deriving any benefit from homœopathy, I applied to the late Dr. Curie, and was

* In Great Britain alone.—[Ed. *H. R.*]

cured in three months. This is fifteen years ago. Now, far be it from me to intimate that every one of the million converts has evidence as clear as my own to lay before you. But you must admit that life, and health, and time, and suffering are matters of vital importance to us all, and that men do not capriciously risk these, and would not be likely to desert the old-established system for a comparatively modern method of treatment, unless they were thoroughly satisfied of its superiority;—certainly a million instances of such an unnatural proceeding is as improbable a conception as could well be entertained. But if this supposition would be extravagant as applied to the masses, should it not, in common honesty, be absolutely repudiated with reference to such men as Archbishop Whateley, Lord Lyndhurst, Lord Chief-Justice Cockburn, Cobden, Bright, the late Dr. Samuel Brown, and the late Dr. Gregory, Professor of Chemistry in the University of Edinburgh—great philosophers, great statesmen, great statists, and men of great attainments in science—not to speak of a large number of the aristocracy and the upper stratum of the middle class, whose education and general knowledge, speaking of them collectively, forbid the supposition of their being the dupes of a delusion on the subject of an inductive science—the statistics of an art; for *this* is in reality the question involved, as I shall proceed to show.

Now, I know that you doctors are very apt to consider that none but medical men are competent to give an opinion on this subject of homœopathy *v.* allopathy; and you are somewhat inclined to pooh-pooh your acquaintance when they venture to speak to you about it. But just let us look into the matter calmly and dispassionately. I willingly admit that a medical man is alone qualified to practise the medical profession, and that laymen, however learned in science, must lack many of the requirements indispensable to the successful practice of your honourable

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vocation. But, on the other hand, you cannot deny th certain of the sciences which form part of your educati may be, and have been, as *thoroughly* mastered by layman as by one of yourselves. Is not this the case w physiology? Is it not the case with chemistry, b organic and inorganic? to mention no others. And h I am prepared to make another admission, viz., that i one thing to be able to analyze a diseased animal fl and quite another to prescribe for its correction. A chemist can do the one as well as a medical man requires an experienced physician to do the other. same remark applies to physiology.

Seeing, then, that some parts of your system may b thoroughly mastered by a layman as by yourselves, us now candidly enquire whether there is anythin homœopathy that should prevent its being mastere do not say *practised*, but *comprehended*—by a layma well as physiology and chemistry. Homœopathy is a science and an art. As a science it rests on an indu of facts, which are said by its supporters to establish truth of the law, "Similia similibus curentur." As a it concerns itself with the administration of remedie accordance with this law. With respect to the *sci* then, the question is, What are the facts; and do the establish the so-called law? There is no more re therefore, why a layman should not master the *scien* homœopathy, than there is why he should not maste sciences of physiology and chemistry. With respe homœopathy as an *art*, the question is not as to the petency of a layman to *practise* it, but as to the effec ness of the medicines prescribed in accordance wit law of similars. And he is not even called on to d mine the *positive* effectiveness of this method of treatn but only its *comparative* effectiveness. And this is si a question of statistics. And statistics having been

lished by allopathists of the highest repute, he accepts these as authoritative. And statistics having been published by homœopaths of no less repute, and endorsed by opponents such as Sir John Forbes, he knows that there can be no doubt about their accuracy. This, then, is a question for the statistician; and it is obvious that it may be as effectually mastered by a layman as by the President of the Royal College of Physicians.

You see, then, my friend, that there is not any reason why I, or any other layman, should not master the science of homœopathy, any more than there is why I should not master physiology or chemistry—two of the sciences now regarded as so important a part of a physician's education. How is it, then, that you medical men do not object to discuss with us a problem in physiology, or the best mode of performing an organic analysis, and yet, that directly we touch on the subject of homœopathy, you are annoyed, and would have us understand that *that* is a question for medical men only to form an opinion upon, and that we must, on pain of your displeasure, accept your dictum upon it? I think I can give you the solution. You are acquainted with physiology and chemistry, and you feel pleasure in meeting with anyone who can converse with you on these sciences. But you are *not* acquainted with the facts connected with the science of homœopathy—you cannot discuss the subject; and your *amour propre* is offended at finding a layman better informed than yourself. Is not this the solution? Well, then, the remedy is an easy one: study the facts, and then at least you will be able to argue the case with us. Will you pardon me if I add a prophecy;—no, it is not a prophecy, but an induction from many examples: If you act on my suggestion, our next meeting will not be a meeting of controversialists, but of men of one mind and one heart on this momentous subject, reminding one of dear Henry Kirke

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White, who sat down, a deist, to answer Scott's *Force of Truth*, which had been lent him by a friend, and rose, declaring that "it was out of *his* power, and out of *any man's* power, to answer that book, for it was founded on eternal truth," and that "he was resolved on spending the remainder of his days in the propagation of the Gospel of Christ."

Now the foregoing remarks may be thus very briefly summed up. We have 5,000 homœopathic practitioners, of whom 3,500 are converts from the ranks of allopathy; we have *one million* lay homœopaths, including some of the greatest men of the age, and laymen are perfectly competent to master the *science* of homœopathy, and to determine its effectiveness as compared with allopathy.

Now I am well aware that all this falls short of demonstration of the *truth* of homœopathy. But my object is not to prove homœopathy to be true: it is simply to lay before you certain facts, and to ask you, as medical man, *if they do not establish a primâ facie case for your investigating this subject*—that is all. Let us then, lay aside all controversy, and, above all, the controversial *spirit*, and let us look calmly at *one thought* and, in order to realize it in all its fulness, let us listen to the musings of one of the 3500, while yet an allopath as you are this day. "A fact—a great fact"—thus does he soliloquize, "is now before me—the fact that between 3000 and 4000 of my medical brethren, as highly educated as myself, have deserted our ranks and gone over to homœopathy—they declare that 'they are *now* enabled to cure disease in a much shorter time than formerly, and that they can, humanly speaking, save many more lives: they prescribe no nauseating mixtures, and employ no painful appliances: their patients escape the serious after-consequences of treatment which *ours* too generally suffer from, in the shape of drug-diseases: their declara-

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tions are supported by hospital statistics which I cannot honestly gainsay: and they have won over to their side a million lay converts, including men of the highest attainments. It is true that the reasoning of these homœopaths on their law and dose does not carry conviction to every mind; but I find that the same was the case with some of these 3500 converts; and that it was not till after they had satisfied themselves of the *practical* value of the homœopathic therapeutics, that they, divesting their minds of prejudice and pre-conceived ideas, were enabled to see the force of the arguments on which the entire system is based.. I find, therefore, that some of these 3500 converts were, before their conversion, in very much the same state of mind that I am at this moment; and that it was not from the *study*—properly so-called—of homœopathic literature, but from the recommendation of friends, or in utter despair of some case they had under treatment, that they were induced to *try* the homœopathic system: that astonished at finding the medicines, administered in accordance with the law of similars, to be marvellously efficacious, they felt bound, as moral and accountable beings, to proceed with their experiments, and were thus convinced of the truth of the system. WHAT IS THERE TO PREVENT MY DOING THE SAME? Human suffering! above all, human life! The responsibilities of having to deal daily and systematically with *these* is tremendous, and, *at times*, to me, overwhelming! Surely I *might* try these homœopathic remedies in non-dangerous cases to begin with; and if I found them possessed of the efficacy ascribed to them, might proceed to treat other cases of a more serious character. I should thus avoid the risk of inflicting injury. And *if*; yes, *if* I should find these 3500 men *right*, what words would express my rejoicing at having discovered a method

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whereby I may universally increase my usefulness and" ——

And here he pauses, listening to the suggestions o indolence and fear, who are whispering, "but, if it shoul turn out *not* to be true, what time you will have lost! and "even supposing it to be true, and you adopt i what enemies you will create! what a risk, too, you wi run of losing your patients. You don't imagine that the will go over blind-fold after you to this comparativel new system! Consider your wife and family, and hav nothing to do with homœopathy!"

For a moment he is irresolute, and for a moment onl and then exclaims—"Avaunt, ye tempters! for what the *risk* of losing—or even the actual loss of—a litt time, creating a few enemies of men who certainly neve could have been my friends, and jeopardising my income *compared with the approval of my conscience?* An should it be true, what remorse will be mine, hereafte when I consider how much suffering I might hav averted, and how many lives I might have saved, had I in the year 18—, submitted the system to the test of ex periment—the only fair and honest way of dealing wit an experimental science and a practical art."

And here I will conclude, for I cannot do better tha leave you in the society of a mind so noble and ingeniou as that of thy brother, whose musings I have thus endea voured to portray.

> "Sigh'st thou for honours, doctor? Call to mind
> That glory's voice is impotent to pierce
> The silence of the tomb. But *virtue* blooms
> E'en on the wreck of life, and mounts the skies.
> So gird thy loins with lowliness, and walk
> With Horner on the pilgrimage of truth."

AN ALLOPATHIC PHYSICIAN'S VISIT TO A HOMŒOPATHIC DISPENSARY.

By Dr. Eadon.

The knowledge of the actual in comparison with that obtained by testimony is very limited. We believe countless matters in every department of knowledge and social life, not because we ourselves have seen, and felt, and heard, but on the mere assertion that others have done so. Testimony, in fact, lies at the foundation of all the great on-goings of social life, and of the practical application of all scientific researches. This must of necessity be the case; yet, there are times and seasons when the human mind rises up in dire revolt at such an idea. How few, amid the millions of mankind, have gone over the calculations of Newton and Laplace—tested the chemical analyses of Liebig—set into operation the processes by which Faraday reached results hitherto unknown—or sounded these heavens of ours, after the fashion of a Herschell, and *re*-proved what he has affirmed, that lines drawn from stars which are comparatively near, and those which the deep penetrating eye of a powerful telescope but just dimly evokes from an abyss of infinitude, form a Cross—a universe-architype of that on which Deity suffered! Yet the results developed, and pronounced as facts, by these philosophers, are believed, as a matter of course, and are at once acted on, as if each mortal had for himself verified every step. This belief in testimony is unavoidable. Were it not so, society would soon be at a stand still. Life is not long enough, if belief is to depend on self-experimentation and synthetical investigation in every instance, and in all domains of inquiry. Belief in testimony is the grand motive power by which society carries on its varied offices, and by which science is led to devclop new

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forms of application—chemical, magnetic, ph
mechanical.

Although this is tacitly acknowledged, yet,
any *new idea* is first broached, which happens
in harmony with ordinary experience, or felt to
out an analogue in our former knowledge, a
opposition at once rises up from the mental
darkening the horizon of thought, and bidding
dim the SUN OF TRUTH for ever, did not the
progress invariably assure us that the mists of
always in time curl up the mountain of folly
quickening rays.

Although testimony is at the bottom of all
vance, and scientific progress, yet, in some
mind, society seems to set at naught the acqu
knowledge, by means of testimony; and, ap
pretends not to believe anything but by indiv
perience. This state of mind has been exhibi
or less, in every age; and, the greater the disc
the good of the common weal, the stronger
feeling shewn itself. Nay, sometimes this co
mind assumes the form of a kind of insanity, an
subject or *new idea* is condemned, not only on hy
or dialectic grounds, but is considered beneath th
of serious experimental enquiry. When this is
and the plan is persisted in, there is only one
viz., patiently to wait till men of this class di
give place to others with brains of finer cali
deeper depositions of cineritious matter, and o
field of knowledge, from, and out of which, to w
rational and intellectual conviction, on any give
however new, or strange, which may present
consideration. Even in this ever-to-be-deplo
dition of mental darkness, streaks of light here
flit across, and relieve the gloom. The dark

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hath its stars; and beneath the funereal pall of ignorance, there always exist men, whose spirits flash forth knowledge, destined to illumine the path-way of mankind through every age.

Homœopathy has had its night: its morning came; but the dark cloud of a Brodie's influence spread, in blackened form, and darkened all its heaven. Nevertheless it lives, and grows mightily, though in the SHADE. Its leaves may look somewhat pale and sickly, but the sun of truth will, ere long, pour down its perpendicular rays, and make them fresher, lovelier, greener, than before.

There cannot be a shadow without a substance, and both pre-suppose light. What then are the component parts of the substance which casts its shadow over the fair fields of homœopathy? these—that, the law of "likes" is a mere figment of a heated brain; that, since large doses of a given substance are found not to be too powerful, small doses of the same can neither do good nor harm; that, remedies prepared according to the Hahnemannic Posology cannot possess a remedial power since massive doses of the same drug are inert; that, one or two practitioners having tested homœopathy, have found it to be false; that, the pathology of the old school scowls upon homœopathy, although the mysteries of vitality are a complete terra incognita; that, the diseases cured by homœopathic treatment are merely simple ailments, which only require the kindly influences of time, repose, or imagination, to bring about a normal condition; that, in a word, homœopathy is a scandalous fiction; Hahnemann, the prince of quacks, and his followers, a deluded herd, whom it would be well for Dr. Conolly to drive into the different asylums of the earth. This is the SUBSTANCE which casts the shade—Phœbus, what a hotch-potch; and without cement, forsooth! How long can the shadow last, projected from a hopeless mass like

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this. Some mocking giant truth will rise in his might, and demolish, and scatter into fragments, the unsightly fabric, never more to be gathered up.

What the *greatest* fail to do, the *great* often accomplish; and, it is cheering, amid the medical cowardice—the physic-serfdom of the present day, to find one physician, who, with self-relying manliness, dares come forth and put homœopathy to the test of an experimental enquiry, clearly shewing, that, in his estimation, the Baconian method is the only means whereby to avoid error, and to arrive at truth.

On a bright, sunny morning, some two or three weeks ago, there was a knock at the door of our Homœopathic Dispensary. Instantly the door opened, an old friend of mine, an allopathic physician of long standing, a man of great experience, distinguished talent, and a voluminous writer withal, walked in, having come thirty miles specially to see with his own eyes the ACTUAL PRACTICE of homœopathy. He had read much, thought more, and now wished to see what was being done at the homœopathic dispensaries. I told him he should have the full swing of the Dispensary that morning, and he might investigate every case to his heart's content. The first case was that of a poor woman with polypus of the nose of several years' standing. The following dialogue took place:

"How long have you had this polypus, my good woman?"

"About fourteen years."

"Have you had advice before?"

"I have had every body, and every thing, but all in vain."

"What was your condition before entering this Dispensary?"

"The polypus hung at least an inch and-a-half down

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the nose, extended in another direction, to the throat, preventing swallowing, causing deafness, and giving a nasal twang to my speech.

How long have you attended here?

Three months.

Are you any better for the treatment?

The deafness is removed. I can eat my food with comfort, and have no fear of choking which I had before; and as to the polypus itself, I can scarcely feel it. I only now want my eyes *doctoring*, as they begin to feel very dim.

I interrupted the colloquy at this point by saying, suppose this gentleman were to tell you that you had *not had a polypus*, that you had *not been deaf*, that you did *not walk* about the house—every time you eat, afraid of being choked, but that it was all *mere fancy* on your part, what would you say?

The old lady became quite fierce at such an idea, and said, she had suffered too much for it not to be a reality; and, in fact, there were two wonders at their house, her own polypus had been cured, and a hernia of her husband's, of several years' standing, was nearly cured, and if anybody wanted full particulars, she lived at No. — such a street, and any body might come and she would satisfy them.

The physician who was testing the cases, examined and cross-examined the patients in every way, so as to elicit every thing he could about the case, and the effects of the treatment. On that morning there were between forty and fifty patients, and the enquiry lasted four hours and a half. The diseases investigated were something more than "mere slight ailments," as the gentleman most candidly admitted. The cases examined consisted of polypus of the nose, hernia, marasmus, enuresis, prolapsus uteri, facial neuralgia, strumous ulcers, lumbago, chronic

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headache, phthisis, herpes, pharyngitis, porrigo, bronchitis, facial eruptions, external swelling of the nose, with severe cases of dyspepsia.

The examination of each patient was most minute and searching, and the physician never failed to ask what was given, and the reason why the selection had been made. When the séance was over, and as the time was limited, we at once visited the "*Lions*" of the town, but not a word passed as to the impression the inquiry had produced upon his mind.

About a fortnight afterwards I received a letter from this physician, beginning thus:—

"Sept. 4th, 1862.

"My dear Sir,—Homœopathy is a great fact—a vital truth. After long thought and investigation, I am resolved to give in my full and unqualified adhesion to the cause. It is indeed the only system of drug administration that a man of science can prescribe *with a good conscience.* That is saying much. Your practice at the Dispensary was highly satisfactory, seeing the very impracticable materials you had to work up—poor—starved, over-worked, ill-cared, ill-housed peasantry, many of whom required the comforts of a hospital, change of air and scene, and a few weeks of repose, before *all* the conditions of cure could be established in their favour. In fact, my heart bled for many of them, and I said to myself how much good would 250 or 500 beds do, set at the disposal of the chronic invalids of the peasantry of England—each patient taking only a month of it.

. . . . . .

"With best wishes for your success, from your ever attached friend, ..."

It is now more than eight years ago since I urged the claims of homœopathy upon this distinguished physician

consideration. During that long period the subject has evidently been undergoing investigation: but it is only now he has seen the *actual working* of this God-sent law—the marvellous results it is capable of producing—that he gives his full adhesion to our great cause.

Would other allopaths, instead of prating about what they have not spent one single thought upon, but go to our hospitals and dispensaries, and see with their own eyes, and hear with their own ears, conversions innumerable would be the result, and we should soon hear no more of that *professional sham high-mindedness*, and of its not being, according to etiquette, to meet homœopathic physicians in consultation.

Let every man who wears the medical Toga, who has the power to *think for himself*, and not to *make use of the brains* of other men, do as this enlightened physician has done—go and examine practically for himself, and see "if these things are not so;" and when conviction bursts upon his startled intellect, let him have the moral courage to declare to the world, that he will no longer be shackled by any man's opinions, nor longer pin his faith upon any man's sleeve.

ABSTRACT OF THE PROCEEDINGS OF THE LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY,

AT THE MEETING HELD AT THE DISPENSARY, HARDMAN STREET, MARCH 4th, 1863.

Contributed by J. W. Hayward, M.D., Hon Sec.

Present: Mr. Moore (President), Dr. Drysdale (Vice-President), Dr. Roche, Dr. Hayward, Dr. Blumberg, Mr. Gelston, Mr. Willans, and Mr. Hudson.

The treasurer reported a balance in favour of the society of £6 : 8 : 7, and it was resolved that the sum of four

ABSTRACT OF PROCEEDINGS, ETC.

guineas *per annum* be subscribed to Lewis's Library for the loan of books, instead of the su spent in purchasing the quarterly journals.

Dr. Hayward remarked, in reference to the the last meeting—aneurism—that some cases ported in this week's *Medical Circular*, exhi power of *iodide of potassium* in large continue diminish the size and inconvenience of aortic an

The paper of the evening on "Phlegmonous I with special reference to its surgical treatment,' read by Dr. Hayward. He remarked that ph erysipelas generally attacks the lower extremity a fatal and always a grave disease, and one surgical treatment is a matter of great importan observing that erysipelatous phlegmon differs : mon phlegmon as scrofulous inflammation di simple inflammation, the character in both insta determined by the diathesis, he gave a picture monous erysipelas, dwelling especially on the its essential nature is erysipelatous inflammati subcutaneous cellular tissue, with effusion of *l guinis* within its structure; and that this st frequently in a state of commencing disorganisa the skin shows signs of being much impli inflammation and disorganisation of the skin condary, and only as a result of this disorga its underlying structures; and that the dange cases arises from the mortification, first of th tissue, brought about principally by this effi subsequently of the skin itself, brought about by this diseased state of the subcutaneous cell cutting off its nutritive supply: and that, th soon as it becomes evident that medical tre failing to arrest the inflammation and effusi cellular tissue, free incisions should be made th

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skin to let out the effused fluid, and thus prevent sloughing of the cellular tissue, and the subsequent mortification of the skin. Internally, he recommended at the beginning, *aconite;* afterwards *belladonna, bryonia, rhus* or *cantharis* in doses of two or three drops of the first dec. dil. every two hours; and, if great sinking, or poisoning of the blood by the suppuration and sloughing, pure tincture of *sesquichloride of iron* or *china* Φ, in doses of from five to ten or fifteen drops every two hours. Locally, he preferred hot fomentation, both before and after incisions, and impregnated, previously to suppuration, with the medicine being taken internally; after suppuration, with Condy's fluid. He preferred the hot, moist, relaxing local treatment to the cold, evaporating or dry, because it assisted to keep up the circulation in the skin, as well as to relax it and enable it to give way to the internal distention. He disapproved of the use of leeches, but commended the use of punctures when the effusion was almost confined to the skin. And he recommended the use of compression by a bandage, in cases of phlegmonous erysipelas of the extremities in the early stage, where the disease is principally effusion into the cellular tissue, without much inflammation of the skin. He then gave the history of a severe case of traumatic phlegmonous erysipelas of the lower extremity, which, though it went on to suppuration, terminated favourably after three weeks' treatment.

Dr. Drysdale and Dr. Roche agreed with the early use of incisions.

Dr. Blumberg recommended the use of Lachesis, internally.

Mr. Gelston recommended the use of *urtica urens* Φ, both internally and externally. He preferred scarification of the skin to incisions or punctures, and then the application of hot fomentation to assist the bleeding.

After Mr. Moore and Mr. Hudson had spoken,

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Dr. Hayward remarked, in reply to Mr. Gelston, t the object was not to cause bleeding, but to let out effused serum.

The next meeting of the society will take place at Liverpool Homœopathic Dispensary, on the first W nesday in April, viz., 1st, at half-past seven P.M. Subj "Phthisis after Accouchment," by Dr. Blumberg.

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MEETING AND PRESENTATION TO DR. BLUMBERG

A MEETING of the Governors and friends of this useful Ins tion was held in the small assembly room of the Town Hal Thursday evening. H. G. Bromilow Esq., was in the cl and we observed present the Rev. B. S. Clarke, Dr. Blum Messrs. Fripp, Banning, Stephenson, Geddes, Boothroyd, O Knight, Paris, &c. A numerous party of ladies were also at meeting.

The Chairman, in opening the proceedings, said that it about six years since the introduction of homœopathy Southport, and during that period it had made great prog One of its principal features had been the formation of a desirable institution, the Sanatorium for children. He conc this institution was well worthy of sympathy, especially was connected with homœopathy; for, from his own experi and from what he had heard expressed by others, he sidered that this system of medicine was peculiarly adapte children.

Mr. Banning, the Secretary of the Provisional Commi next proceeded to read over the list of names to be propos the Managing Committee of the Institution.

The Chairman here explained that the Provisional Comm had got matters into such a state that they could now hand Institution over to a regular Committee, and the object o present meeting was, in reality, to establish the Sanatoriu a proper basis.

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The list of the Managing Committee for the current year was then confirmed, and Mr. Stephenson was elected Treasurer and Mr. Banning Secretary to the Institution.

Mr. Banning next read the following report of the Provisional Committee, which, on the motion of Dr. Blumberg, seconded by Mr. Stephenson, was unanimously adopted:—

"The Committee have to report that after many unavailing efforts to obtain a suitable building—or piece of land on which to erect a building—adapted to the purposes of the Institution, they at length received an offer, through Mr. Henry Forshaw, from the Rev. Charles Hesketh, to sell to the Trustees of the Institution a piece of land fronting to the shore, and adjoining to the Strangers' Charity on the east side, for £300. The piece of land is stated to contain 2400 square yards, and to be 80 yards deep by 30 yards in width, having Adelaide-street at its south-eastern boundary. In consequence of the want of legal power in the Committee to complete the purchase or to appoint trustees of the property of the Institution, the transaction has not hitherto been completed, and the Committee think that there is some reason to congratulate themselves and the Institution that such has been the case, and that no building was placed upon the land, as there is much probability that such building would have been seriously damaged, if not rendered useless, by the irruption of the sea over the land during the recent gales and high tides. A draft of conveyance has been received from the Rev. C. Hesketh's solicitors, but the Committee would leave it entirely to the Governors of the Institution to determine what course shall be taken with reference to the land. The Committee have also had under their consideration several sketches of buildings for the Sanatorium, but came to the conclusion that the plans of a building submitted by Mr. Ellis, developed adaptations for the purposes of the Institution. The plan proposed by Mr. Ellis contains two separate dormitories—one for boys, the other for girls—and several other rooms, proposed to be used for the following purposes, viz., boardroom, physicians' room, matron's room, laboratory room, two bath rooms, kitchen and laundry, and four or six bedrooms,

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with other appropriate offices. Mr. Ellis originally intende that the building should be such as might be completed fo £1000, but on the estimates for his plans being submitted, th following tenders only were received, viz., Mr. Dobson, £3050 Mr. Jones, £2553; Mr. Haigh, £2520; Mr. Quayle, £221 Mr. Ellis states that the estimates include considerably mo than the building itself, that is to say, the enclosing walls, th formation of the ground, the iron railings in front, an elabora arrangement of baths, cisterns, pipes, with gas fittings an grates. The Committee were much pleased with the pla which was completely adapted for the purposes of the Instit tion; but the amount required to carry it out so far exceed their means, that it was determined to leave the matter to th Governors of the Institution, and to the future Committee, be appointed with full powers. They think, however, that may be for consideration whether a portion of the plan mig not be proceeded with at an early period, leaving the completi of the building until the growing wants of the Instituti required it."

The Treasurers' Account was then read by the Secreta showing a balance in hand of £782 12s. 10d., which, wi about £130 for donations promised but not yet paid, less so £20 for various expenses, left a total sum of about £800 to t credit of the Institution.

On the motion of Dr. Blumberg, seconded by Mr. Paris, th account was confirmed.

Dr. Blumberg read the following report of the working of t Institution, which, on the motion of the Rev. B. S. Clar seconded by Mr. Fripp, was unanimously approved of by t meeting:—

"I have the honour to inform you that in the space of elev months, beginning from October 1st, 1861, and ending Augu 30th, 1862, there were in the small cottage which served as temporary children's sanatorium 22 patients, 9 girls and boys, the youngest of whom was 3 and the eldest 14 years o These came mostly from Lancashire, but some of them also fro Yorkshire and Cheshire. Of these patients, 10 suffered fro

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long-standing strumous complaints, with all their pitiful train of ulcers and abscesses, 4 suffered from spinal disease, 1 from mesenteric disease, 1 from congenital paralysis, 2 from hip-joint disease, 1 from herpes, 1 from great debility after peritonitis, 1 was deaf and dumb, 1 was imperfectly cured of a compound fracture of the femur. Of these 22 patients, 7 were cured, 8 left greatly improved in health, 4 were somewhat improved, and 3 remained in the same state. If you consider, Mr. Chairman, Ladies, and Gentlemen, that most of these children were ill from their very birth, and were brought up under the most unfavourable circumstances of want and misery, that the affections they suffered from were mostly of a serious and chronic nature, and had baffled all previous treatment; when we consider further, that we were obliged to house them in a small cottage, with hardly any of the appliances necessary to a hospital, I think the result is such as to afford some gratification. The little patients seemed happy and contented, and great thanks are due to the lady visiters, who not only looked after their physical comfort, but provided them liberally with amusement and instruction. I can also say that the matron, Mrs. Bimstone, did her duty, and that the dispensing of medicines, by Mr. Gillet, was satisfactorily performed."

Dr. Blumberg, at the conclusion of his report, having intimated that he resigned his place as medical officer of the institution,

Mr. Stephenson moved that he should be appointed honorary physician to the Sanatorium.

The Rev. B. S. Clarke seconded the proposal, which was carried.

Dr. Blumberg briefly thanked the meeting for the honour conferred on him, and proposed that the three medical gentlemen in the town who practise homœopathy, Drs. Stokes, Harvey, and Casanova, should be elected as the acting medical advisers of the Institution. From his knowledge of these gentlemen, he was sure they would fulfil the duties that might thus devolve on them in a satisfactory manner.

Mr. Stephenson seconded the motion, which was agreed to.

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PRESENTATION TO DR. BLUMBERG.

The ordinary business of the meeting having been conclud the Chairman intimated that there was still a pleasant, thou at the same time painful duty to perform, and called on t secretary to present to Dr. Blumberg the handsome testimon which had been obtained by the united efforts of a large numl of his patients.

Mr. Banning, in performing this duty, said he was sure tl all present, and many who were unable to attend that meeti would echo his expression of deep regret at losing Dr. Blumbe He (Dr. Blumberg) had been engaged in the practice of his p fession in Southport for a number of years, and might regarded as the founder of homœopathy in this town. He h during that time, endeared himself to many by his unifo courtesy and kindness of conduct. (Hear, hear.) He had b so successful in his profession, that in many cases he had p formed cures of serious complaints, and in all cases by his sl and care, had ameliorated the sufferings of his patients. (He hear.) After some remarks on the various kinds of medi treatment, the speaker continued by saying that he was s Dr. Blumberg, to whom this very handsome testimonial v about to be presented, well deserved at their hands such a tol of regard. (Hear, hear.) He (the speaker) trusted that might long live to continue the successful practice which he l commenced at Southport, and that for many years they mi have the pleasure of receiving him as a visiter to the to (Cheers.)

The Rev. B. S. Clarke wished to be allowed to supplem the speech just delivered with a few words. He was sure t it was with deep regret that he found that Dr. Blumberg v about to leave the town. He had known him for a long ti and had seen a great deal of his high ability—(hear, hear)— his treatment of disease. He had visited several of the doct patients, and seen some extreme cases—some in which th appeared to be but the smallest possible prospect of recovery and yet, with God's help, he had been instrumental in t restoration of those persons. He believed—and he spoke a

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visedly—that there were few men of equal talent with Dr. Blumberg—(hear, hear)—and he knew this opinion was held not only by many in Southport, but by people living at a great distance from this town. It was only the other day that he had received a letter from London in which Dr. Blumberg's name was mentioned, and in which the writer expressed more confidence in him than in any other physician in the world. But not only was the doctor esteemed as a medical attendant, but as a perfect and accomplished gentleman; and to the society of Southport his absence would be a loss as well as to his numerous patients. He was thankful, however, that homœopathy would still be well represented in the town. He hoped that Dr. Blumberg might have health, strength, and happiness in Liverpool, and a still more abundant measure of success than had attended his efforts in Southport. (Applause.)

The testimonial—a beautiful and richly chased silver inkstand, inscribed with the words "Presented to Henry Blumberg, Esq., M.D., as a slight token of affection and esteem, by some of his patients, on his leaving Southport. Feb. 26th, 1863," with the doctor's crest on the reverse side, the whole enclosed in a handsome velvet-lined walnut case—was then presented to Dr. Blumberg, together with the following address, signed by about 100 of his patients:—

"We beg your acceptance of the accompanying silver inkstand, with envelope and writing cases, in slight, though grateful, testimony of the regard and esteem in which you are held by a large number of those who have benefited by your professional services. We all much regret your departure from the field of usefulness which you have now for several years occupied in Southport and the neighbourhood, but sincerely trust that in the wider sphere to which you have transferred your professional duties you will meet with that success to which your high abilities and medical skill so justly entitle you."

Dr. Blumberg, on receiving the testimonial, said that there were moments in our existence in which we felt doubly in want of words, and he was sure that he would require the eloquence of a Burke or a Pitt to express his pleasure and deep-felt gratitude on the present occasion. But as he had not the command of language possessed by those great orators, let him be allowed just simply to express his gratitude, and to thank his friends sincerely, not only for the magnificent gift which had just been presented to him—not only for the kind and considerate manner in which they were taking leave of him—but principally for the kindness, courtesy, and friendship which he had experienced during the past six years. As he remembered that when he

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came here he was a perfect stranger and friendless, and had the double disadvantage of being from a foreign land, and representing a system of medicine which was considered at the time as a heresy, it made him proud to think of the present meeting. It was evident all was changed, and that he was no longer friendless, no longer a heretic in his profession. (Cheers.) Some years ago the system of homœopathy was represented in Southport only by himself and his friend Mr. Gillett; but since then it had made rapid progress, and could now number hundreds, nay, almost thousands of adherents; while, as he had before said, there were now three homœopathic physicians in the town, all highly cultivated practitioners. In looking back to the last six years, though he could perceive many things which he regretted he had not done, and many which he ought to have left undone, still it was a pleasant retrospect, and it was gratifying to think that he had spent six years of comparative happiness in this place. The speaker then gave a brief view of the present state of medical science. In the first place, he must congratulate all present on living in the nineteenth century. (Hear, hear.) If they had lived in any other century their lives would have been from five to ten years shorter than they were at present. Now this was a great boon; for, whatever unhappiness might fall to our lot, we all clung to life. As Shakspere had said—

> The weariest and most loathed earthly life
> That age, ache, penury and imprisonment
> Can lay on nature, is a paradise
> To what we fear of death.

This boon we owed entirely to the improvement in medical science. Of course he did not refer to this science in its narrowest sense. Medical science, he considered, included everything that affected health, and so to its advancement we owed our improved streets and our houses, and whatever affected our physical well being. To what, then, were we to attribute this improvement? We owed it to the fact that a man had appeared who was not satisfied with what other men had thought before him—a man who claimed the right to think for himself in medical matters. (Hear, hear.) The reform in medicine was like the reform in religion in the sixteenth century. For many ages no one had thought of deviating from the old track, until Hahnemann arose and said—Let us first prove the remedies; let us try what they will do first, before we apply them to the sick body. Now this was a great advance; because, before this time, not knowing the properties of all the medicines used, medical men sometimes mixed thirty or forty, and sometimes

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xty, different kinds of drugs to give to their patients. y had we to thank Hahnemann for this, but also for the ct that more respect was now paid to the human body the old physicians. These latter thought the body fair do as they liked with, and Hahnemann was the first who u must be careful, and examine every symptom before scribe anything for the human body. And it was not Hahnemann's own followers that had benefited by his ; but the professors of other systems of medicine were re careful of the human body, and what they adminis- it. (Hear, hear.) The old medical practitioners he aker) compared to the boy whose father had given him . The watch went all right until the second day, when ed. The boy did not know what was the matter, and time went to his father and complained that he could e it go. He had put it in warm water and cold; he had t and moved the hands; but all to no purpose. His sked him if he had wound it up. No; he had forgot nd it was thus with the old physicians in their treatment human body. They did everything but wind up its as it were, and so prevent it from getting out of order. dical men were now more careful; and all this—he his without reference to his own particular system—was o that great man Hahnemann, whom he thought entitled ratitude of mankind. (Cheers.) In taking leave of his he would mention two circumstances of which he was The first was that he had always tried to do his duty n Southport, and the second was that he had never against any other medical men of whatever sect or they might have been. (Cheers.) He did not interfere e liberty of others; and he hoped his example in this would be imitated by his successors. The fact was, he think that medical men, if they did their duty, had abuse each other; and, whatever system they might , he considered it was their duty to unite together in ing human suffering and disease. (Cheers.) He con- by again expressing his sincere thanks for the testimonial o him. (Applause.)

te of thanks was accorded to the chairman, after which, motion of Mr. Paris, seconded by Mr. Gillett, the ladies hanked for their aid to the institution, especially with to the late bazaar, and the meeting terminated.

DISPENSARY REPORTS.

NORTHERN HOMŒOPATHIC MEDICAI ASSOCIATION.

THE next meeting of this Association will be held at I the 8th of May. Members who may have papers to candidates to propose, are requested to communicate \ General Secretary, Mr. Pope, 9, Bootham, York, on o the 8th instant. We trust that there will be a full att of members on this occasion, and that much interesting may be presented for discussion. All homœopathic prac in the North of England ought to join this Associatio meetings are held half-yearly—the facilities for reach cities and principal towns of Yorkshire are great—and man has said, "As iron sharpeneth iron, so doth a friend."

DISPENSARY REPORTS.

REPORT OF THE PENZANCE HOMŒOPAT DISPENSARY FOR THE YEAR 1862.

THE number of attendances at the Dispensary during t has been 1976; and if to these are added the number paid to patients at their own homes, it will bring the nu above 2000. The increase of work in 1862 above the ye has therefore been considerable. This result is satisfact confirms the anticipations entertained at our last annual When it is remembered that this success has been exist without our having any additional subscribers to ou it proves that the homœopathic practice of medicine is of maintaining its own position without the aid of pa In order that we should take our stand before the pul the same advantages as those enjoyed by dispensaries in the benefits of our Institution ought to be free and grat all poor and needy persons, without any registration fe many persons apply to the Dispensary who are by no r a state of poverty; and hitherto such persons have pa 1s. or 2s. 6d. a-month, according to their circumstances it is impossible for the medical officer to know what r payment such persons have; at the same time, he think an applicant can only afford to pay 1s. for a month's tr such person is fairly entitled to a free ticket. It is t proposed, that in future the so-called registration fee 2s. 6d. only for persons in a condition to pay that sum, to all other persons applying at the Dispensary, and not with them a subscriber's ticket, there shall be admission any payment. It is also very desirable that some form

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should be used, on which, at the end of a month's treatment, a return should be made as to the recovery of the patient or otherwise, which ticket should be returned to the subscriber who has presented it; for it frequently happens that patients, after two or three weeks of treatment, do not present themselves at the Dispensary again, and it entails much trouble on the medical officer to find out whether such patients have ceased attending in consequence of their having received benefit or otherwise.

It is the more necessary that we should be able to procure accurate statistical returns, because our medical journals are now inserting returns every month of the number of patients applying at the principal homœopathic dispensaries throughout the kingdom, with the results, viz., number of persons cured, latto relieved, &c.

I have endeavoured to make out the returns with strict accuracy, but in many instances it has been found next to impossible to ascertain the effect of treatment, as the patients live at such a distance from this town; we have therefore so large a number coming under the head of "No report."

That your Dispensary becomes more and more appreciated by the poor, is a gratifying fact; and I earnestly beg you to assist me with your good offices, in making it a great public boon. My earnest hope is, that at the end of the present year we may be enabled to make this Institution entirely gratuitous.

(Signed) J. H. NANKIVELL, *Surgeon.*

February 1863.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. WALKER, Dr. HARRISON, Dr. RAYNER, Dr. DRUMMOND. Surgeons—Messrs. BLACKLEY & HOWDEN. House Surgeon—Mr. EDWARD CALVERT.

President—JOSEPH HERON, Esq.
Treasurer—P. F. WILLERT, Esq.
Secretary—ARTHUR NEILD, Esq.
Chemists—Messrs. H. TURNER & Co.

Number of patients attending during the month of February	1493
Paying 1s. and 1s. 6d. per month	224
Admitted on Subscriber's recommendation	43
Visited during the month at their own homes	247

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

DISPENSARY REPORTS.

BIRMINGHAM HOMŒOPATHIC DISPENSAR

Medical Officers—Jas. Gibbs Blake, Esq., M.D., B.A., M.R
Henry Robertson, Esq., L.S.A.

Treasurer—Henry Christian, Esq.

Honorary Secretary—Mr. Charles Corfield.

Chemist—Mr. Charles Corfield.

Number of patients attending during the month of January .....
Paying 2s. 6d. per month .....
Admitted on Subscriber's recommendation .....
Visited during the month at their own homes .....

Number of patients attending during the month of February .....
Paying 2s. 6d. per month .....
Admitted on Subscriber's recommendation .....
Visited during the month at their own homes .....

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Physicians—Dr. Drysdale, Dr. Wright, Dr. Rochi
Dr. Hayward, Dr. Blumberg.

Surgeons—J. Moore, Esq., J. Gelston, Esq.,
T. H. Willans, Esq., — Hudson, Esq.

House Surgeon—T. D'Orville Partridge, Esq.

Honorary Dentist—Mr.

The number of patients prescribed for at this Institution d
the month of February was as follows:—

New patients .....
Old „ .....

Total .....

The number of visits paid.....
The number of new patients visited.....

THE MONTHLY

HOMŒOPATHIC REVIEW.

PHYSIC AT A DISCOUNT.

"Aliud vinum, aliud ebrietas."—ST. CHRYSOSTOM.

OUR allopathic brethren, who have so long and so per-istently declared that the danger and imposture of omœopathy consist, mainly, in the smalless of its doses, re now avowedly diminishing the quantities of *their* aunted remedies, or are making open acknowledgment f an absence of all faith in physic. Even the *Lancet* self, the bitter opponent of homœopathy, compelled by he exigencies of the situation, makes the humiliating onfession, that "The progress of true medical science as greatly qualified its estimate of the value of mere rugs, in the treatment of disease. It has shewn that in edicine, as in politics, the best course is often that of on-intervention." (March 21st.)

Nor is this "qualified estimate of the value of mere rugs" to be found only among medical men; for public inion, instructed by the suggestive hints afforded by e practical working of homœopathy, is making itself ard in a most significant manner, in the columns of the press." The *Times* (Feb. 23rd), in a leading article on e yearly Report of the Registrar-General, speaks thus ainly:—"Not only has a more generous and wholesome et fortified the poorer classes against diseases which the

boasted robustness of our forefathers could not repel, but it raises the average health of Londoners to a level not far below that of the best country districts. Another cause is the construction of proper sewers. It is hardly an exaggeration to say, that these have done as much to check zymodic disease in the metropolis, as agricultural drainage to banish ague and marsh fevers from the Fen-country. Something, too, is due to the greater prevalence of cleanliness; something to a purer supply of water; something to increased medical skill, and the *disuse of violent remedies.*"

There have always been distinguished medical philosophers, who, like Sydenham, and Boerhaave, and Forbes, have ventured individually to exclaim against the uncertain and unsatisfactory condition of therapeutics as taught in the allopathic schools, and who have not hesitated to declare the dangers arising from drug-medication; but never before has the outcry against physic been so general as it is now.

The "*nimia medici diligentia*" of Sydenham is at length recognized as a not uncommon cause of disease, and even of death; and, instead of the isolated sorrow of some great mind, once in the course of years, or the vigorous one-handed opposition of some reformer, like Hahnemann, we find the French Academy proposing to enquire seriously into the probable advantages of the expectant method, and the organ of allopathic medicine in England gravely advocating "non-intervention," or, at least, "non-perturbative treatment."*

* The advocates of the "expectant method" of treatment are fond of talking of "benignant diseases," whose tendency is towards "a natural cure." Pliny says: "Omnis morbus lethalis aut curabilis; in vitam definit, aut in mortem. Utroque, igitur, modo, medicina inutilis; si lethalis, curari non potest; si curabilis, non requirit medicamen; natura expellet." Are the expectants prepared to say as much as Pliny?

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this movement has been caused by the influence
:opathic teaching, we most unhesitatingly affirm;
allopathic brethren betray their consciousness of
, by their anxiety to free themselves from all sus-
: homœopathic practice. Every acknowledgment
anger of over-medication—every plea on behalf
erturbative physic, or even of non-intervention,
ed most carefully by a sneer at Hahnemann and
wers. Nevertheless, the medical profession is
into homœopathy, in spite of itself; but, unless
ples of Hahnemann are watchful over the fame of
ster—unless they are united among themselves,
to the cause they have adopted, the whole system
ɔpathy—its laws and practice, its specifics and its
ill be quietly absorbed by the dominant school,
claims of the great founder or developer of the
ɜ mode of healing, will be eventually ignored.
ılic of the passing age may recognise, in this
' allopathists against much physic, some glaring
ɜncy, or some momentous reform. It may well
r how its own enquiries as to the secret of the
: homœopathic practice, or as to the possibility of
oses having *any* effect, were met by the scorn
ɜmpt of medical men; how the patients of the
thists were cursed as "imbeciles," and the good
ıemann denounced as a "quack," a "rogue," a
ı," or an "imposter;"—the public of this day,
t, may remember all this, and may be enabled to
ect conclusions. But this may not be the case
ears. We ardently long for the universal adop-
ıe great truth developed by Hahnemann; but
had committed to our care, not only that im-
rust, but also the fair memory of him who, so
ght single-handed in its defence.*

ɡod Hahnemann and his prophets"! Such is the language
he *Medical Times* (April 4th) sneeringly speaks of the

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Not only, however, is there a disposition on the part of our allopathic brethren to adopt our non-perturbative doses, but there is evidently a movement towards the correct examination of the effects of medicines, by the light of physiological observation. We feel assured that nothing will tend more to confirm the truth of homœopathy, than such a method of examination; for the enquirer will soon perceive how absurd it is to limit the properties of remedies within the prevailing nomenclature. On the contrary, physiological tests will lead him to the discovery of specific influences, which the allopathic schoolmen have never yet recognised, but which, to his astonishment, he will find recorded among the laborious provings of Hahnemann and of his disciples.

One of the most distinguished allopathic physicians of the day, Dr. Thomas Laycock, Professor of the Practice of Medicine, and Clinical Medicine, in the University of Edinbro', in a recent lecture, "introductory to the spring trimestre of clinical teaching," makes some excellent remarks "on observing and judging as to the effects of remedies," some of which we shall quote, as not irrelevant.

Like other intellectual observers, Dr. Laycock, in this lecture, is compelled to make this sad confession: "Physic in general, we all know, is uncertain and contradictory but in therapeutics, more especially, not a single theory (of which it is full) is really tenable, and is, at the best only plausible."

"Is there no guide," asks Dr. Laycock, "to the administration of remedies? Most assuredly there is, an

founder of homœopathy, and of his followers; and nothing could show more powerfully the intense hatred to which a man may be subjected who dares to think for himself, and to imply that his neighbour is in error. The god Hahnemann and his disciples! Well, Hippocrates calls the wisdom-loving physician ἰσόθεος (ἰατρός γὰρ φιλοσοφος ἰσόθεος) and in such sense, despite the sneers of the *Medical Times*, Hahnemann is "*god-like*."

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a sure guide too—namely, that experience of remedies which is founded on long and careful observation, and enlightened and corrected by physiological knowledge. I say long and careful observation; for I am satisfied, after more than thirty years' experience of drugs like calomel, colchicum, and opium, that the therapeutical use of things can only be learnt in that way, because only in that way can we attain to a knowledge of those varied and numerous conditions which modify their actions in individuals. And when I reflect upon this, I am astonished at the positive manner in which opinions are expressed, as to the value and uses of leading remedies, by those who, in the same breath, declare they seldom or never prescribe them. It is sufficient for these therapeutists to criticise the contradictory statements of observers, or to advance ingenious *à priori* objections, founded on purely hypothetical data. Such criticism on the recorded results of experience is easy enough, but it is just as worthless as it is easy."

In illustration of the necessity of observing and judging as to the effects of drugs, by the aid of physiological knowledge, and especially in reference to the unsuspected pathogenetic action of some simple remedies, Dr. Laycock remarks:—"There are equally mischievous theories as to the properties of drugs. We are told that drugs are diuretics, and diaphoretics, and narcotics, and astringents, and antacids, until we get to believe that they have some peculiar property or quality, and we lose sight altogether of the fact, that they must exercise very various influences on vital changes. Thus the sesquicarbonate of soda is found very useful in relieving those various uncomfortable sensations which the action of an acid stuff on the mucous membrane of the stomach causes; and, in consequence, has passed into such popular use, that our very food is drugged with it. We are offered soda-bread, soda-cakes, 'scones' made light with soda; beer, if hard, is made

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more injurious by soda; nay, I think some one has invented a 'baking powder,' which has a soda-salt as its basis. Yet carbonate of soda has on some persons, as I know, a pernicious influence; and perhaps in many it causes bad effects, not recognised, because not looked for. A few years ago, I saw a curious example of the influence of these theories, in practice. A lady, the wife of an eminent practitioner, had a morbid condition of the nervous system, such that she could not sleep; for, just as she was falling asleep, she was attacked with peculiar convulsive movements. The only theory of causation I could make out was, that some poisonous agent was at work, but nothing further, until a close inquiry into the dietetic habits of the patient elicited the fact, that she held the conviction that she had an hereditary tendency to ossification of the arteries of the brain, and that acids would carry off the bone-earth. She therefore drank freely of sour French wines, and to remedy the gastric disorders they induced, took equally freely the sesquicarbonate of soda. Having observed somewhat similar effects once before, I advised that the treatment should consist simply in drinking diluent fluids, and discontinuing the sour wines and the soda. The result was, the entire relief of the morbid state. Again, a gentleman to whom I had recommended this drug, told me that he always had peculiar sounds in his ears after taking it, and that they sometimes ended in what appeared to be a loud explosion in his head. Another patient can rarely take thirty or forty grains without feeling a pain in the back, exactly in the region of the kidney, and which organ is doubtless the seat of the pain. So that if he chanced to take large doses of the alkaline carbonates, the result would probably be a serious renal affection. Other apparently simple drugs have also their action upon distant organs, and their morbid sequelæ. We hear of *deaths* from chloroform, but rarely, if ever, c

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the diseases. Men will carry cakes of magnesia in their pockets, as if it were a harmless antacid, like chalk; but it acts upon the genito-urinary system of some persons, in a way that shows it is something more—possibly because it forms a soluble salt with some of the acids.

"Thus, then, whether we look at practical therapeutics from the side of pathology or Materia Medica, we find the strongest grounds for close and careful observation, and cautious conclusion." (*Medical Times*, April 11th.)

We well remember how, on one occasion, an allopathic friend laughed at the enumeration of magnesia among our specifics. By him, as by allopathists in general, the drug was regarded merely as antacid and laxative; and he triumphantly turned over the authoritative pages of Pereira, in confirmation of its innocence of all specific influence. Had we insisted that magnesia exercised a specific action over the genito-urinary organs, he would have laughed still more,—for Laycock had not then delivered his lectures, and the provings of Hahnemann possessed no authority with him. Laycock, who has brought physiological knowledge to bear upon careful observation of the properties of drugs, no longer confines magnesia among the antacids and laxatives, as routine had hitherto done. By this method of observation, *he* has noticed *that* which Hahnemann had long before pointed out; and thus, daily, does advancing medical science confirm the observations of homœopathic "provers." By these means, also, will medical men learn to eschew, on the one hand, the violent doses which have hitherto been fashionable, and, on the other hand, to guard against the fallacies of the "expectant," or "do-nothing method."

Above all, a careful observation of the action of drugs, enlightened and corrected by physiological knowledge, will teach medical men that something more is required than the mere reduction of the dose. The present nomen-

clature of the allopathic Materia Medica will admit minute doses, only in the case of acknowledged specific Allopathic results, be they laxative, diaphoretic, or emetic demand large and violent doses. If, for example, magnesia be administered with a view to its laxative results, certain number of grains will indicate the minimum of its laxative force; but if we seek for its specific action on the urinary organs, then the dose admits of great reduction. Like the case mentioned by Sir Benjamin Brodie, where an overdose of cubebs killed the patient, by increasing the disease, which it was evidently removing, in smaller doses, so magnesia will have a specific poisonous (pathogenetic), or curative action, on certain parts of the organism, in proportion to its quantity, or in accordance with the previous existence of a disease *similar* to that which the drug will create. The cubebs in Sir Benjamin Brodie's case, did not poison the patient; but, being itself capable of acting specifically on the urinary passages, and of producing inflammation there, it increased the previously existing inflammation, and destroyed life. In small doses Sir Benjamin was administering it, to cure a similar form of inflammation, and with success, up to the point of the overdose.

Recollect, O lay reader, that the small-dose givers are not, necessarily, homœopathists; and, above all, remember that small doses of medicine can alone be efficacious, when they are administered in accordance with the homœopathic law.

A SPECIFIC AND PROPHYLACTIC FOR MEASLES.

By Arthur de Noé Walker, M.R.C.S., &c.

A short time ago, Dr. Henry Kennedy read, before the Medical Association of the King and Queen's College

A SPECIFIC AND PROPHYLACTIC FOR MEASLES.

Physicians, Ireland, a paper describing "A Case in which a Disease like Measles arose from an unusual cause; with brief Remarks."

The following is an analysis of its contents:—

A young gentleman, 15 years of age, returned to school after the summer holidays, in perfect health. While entering the schoolroom, one of his playmates dashed at his face a handful of *mouldy* flax-seed meal, some of which entered into his eyes, fauces, and air-passages. Soon after, he was seized with *smarting and watering of the eyes, running at the nose, cough, and dyspnœa.* In about half an hour the *eyes and lids became red,* and the *dyspnœa urgent;* and in about two hours after the accident, *general vascular excitement set in, with marked severity.* The following day, about twenty-four hours after the accident, Dr. Kennedy, who was called in to attend the case, observes, that "*except the rash, he had all the look of a boy suffering from a sharp attack of measles,*" with constant cough and dyspnœa; pulse 120. As considerable distress was referable to the larynx, Dr. Kennedy ordered the inhalation of steam, and a small mustard poultice applied to the external surface of that organ. No amendment ensued, and "after waiting," says Dr. Kennedy, "a few days, when a considerable amount of bronchitis supervened, I was compelled to treat the case as if it were ordinary measles," although he (Dr. Kennedy) had attended the lad, "two years previously, in a well-marked attack of measles, with cough."

Dr. Kennedy set the case down as one of an anomalous nature, and probably thought no more about it, until he read some extracts of a paper published in the *American Medical Journal* for July 1862, entitled, "Remarks on Fungi, with an account of Experiments, showing the Influence of the Fungi of Wheat Straw on the Human System; and some observations which point to them as

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the Probable Source of 'Camp Measles' and perhaps Measles generally. By J. H. Salisbury, M.D." In th paper, the author proves that soldiers, who happened sleep on *old musty straw,* were liable to a form of measle and two remarkable examples are given, where lar numbers of men were so attacked, measles not being th in camp. Like a painstaking and earnest physician, I Salisbury determined to recur *to experiment.* Havi treated straw so as to render it mouldy in forty-eig hours, he detected numerous fungi, constituting t mustiness of the straw. With these fungi, he inocula thirteen individuals. "*Within two days a disease exac like measles, including the rash, appeared.*"

Dr. Salisbury then tried the experiment on himself.

"Feb. 11th. I inoculated," he says, "my arm w the spores of the fungi of wheat straw, the same as u for beds in camp.

"12th. Perfectly well; no inflammation at the p of inoculation.

"13th. Very slight redness and itching at inocula point.

"14th. Got up with a feeling of lassitude and nau Redness and itching on the increase. Difficulty of ke ing warm. Occasional sneezing. Eyes sensitive. A pe liar feeling about the scalp.

"15th. Lassitude, sneezing, &c., continue, with flus of heat over the whole body. Inflammation of wound the increase. The peculiar burning, congested feeli over the scalp has also increased, with pains through t forehead and temples. A few blotches on the face a neck. Eyes weak and inflamed. Heavy oppressive feeli about the chest, and the throat dry and irritated, as if had a severe cold."

All these symptoms continued with considerable i tensity till the 19th, when Dr. Salisbury felt much bett

A SPECIFIC AND PROPHYLACTIC FOR MEASLES.

Again he proved himself a seeker and lover of truth, and again inoculated himself. I am sure every homœopathic practitioner will share my delight on learning that—

The second inoculation was followed by "*no result whatsoever.*"

I must now observe, that when any substance inoculated in the human organism generates a group of morbid phenomena, which are not reproduced by a second inoculation, the first inoculation has destroyed the capability and ability of the organism to generate or harbour certain elements capable of developing a specific disease.

From this canon results the following important corollary.

That if a particular substance inoculated in the human organism generates a pathological state, manifesting itself by a group of symptoms, similar or analogous to a disease that occurs but *once* in the human body, that substance shall prove specifically prophylactic of that disease, even as vaccine is a preventive of small-pox.

Now Dr. Kennedy observes, "That as far as is yet known, the disease so produced," by the fungi of wheat straw, "seems to have the closest *resemblance to measles.*"

More than this. Dr. Salisbury has *proved* the prophylactic power of the spores, "*by saving children from the ordinary measles, while that disease was in the house at the time.*" Dr. Kennedy adds, that he believes Dr. Darwin proposed that the tears of those affected with measles should be used for a similar purpose.

Dr. Kennedy hints that different fungi may produce different ailments, such as hay-fever, or asthma. I believe the latter disease is often congenital and hereditary, and not therefore primarily generated by external agents, which may, however, prove the immediate cause of a paroxysmal attack.* But I believe, *à priori*, that the

* This does not of course refer to asthma brought on by noxious vapour, or particles suspended in the atmosphere and inhaled.

fungi of wheat straw will prove a specific for hay-fever as well as for measles. Hay-fever is undoubtedly induced by flowers in bloom, and by other organic matter emanating from some distinct vegetable production, either fresh, in the incipient stage of decomposition.

I must not omit to add, however, as every professional reader of the *Review* is aware, that under homœopathic treatment, the duration of an attack of measles is greatly abbreviated, and that we are able, in every case, to ward off the serious *sequelæ* which often supervene under the "old treatment." Thus, with two, or at most three, remedial agents, we are able to meet and combat all the morbid elements present in the disease we call measles. With *aconite* we reduce the fever and consequent amount of waste of tissue; with *pulsatilla, e.g.*, we combat the inflammation of the mucous membrane of the eyes and nose; while, with *bryonia* or *phosphorus*, we readily destroy a similar morbid condition of the air-passages. All these agents act homœopathically, or, in other words, specifically, on the several morbid elements constituting the disease we call measles, according, moreover, to the *tissues or organs attacked.* We do not, then, always possess *one* remedy that shall meet and combat all the essential symptoms or elements of a disease. But I believe *à priori*, that the fungi of musty straw will be found to meet and combat *all* the chief elements and symptoms of measles, and my object in publishing this hurried notice is to invite my colleagues to repeat Dr. Salisbury's experiments, and report the result. I myself hope to exhaust the subject by a thorough investigation; and being in possession of one of the best microscopes ever made, I trust I shall be able to show some accurate drawings of the fungi, &c. The subject itself, in its general and collateral bearings, is, I am sure, capable of affording a matter of deep interest, and may prove susceptible of great development. Interesting and important as I

alisbury's and Dr. Kennedy's observations are, unless ıey are taken up by homœopathic practitioners, they are ıre to remain unnoticed and fruitless. I have elsewhere aid, "That the really practical utility of all that the orthodox' Schoolmen have discovered and established in cience, is still future, and can only be available for the lleviation of the diseased and afflicted, when their medical xperience and observations shall be amenable to that ixed therapeutic Law they ignorantly despise and reject." Now *we have* and acknowledge a Law, whereby we can t once test and appreciate the merits of remedial agents, nd by that Law they either stand or fall; for this Law tterly precludes the folly of dealing with remedial agents nd diseases, according to the *names* they have received.

I must, ere I close, qualify the title of this paper.

If *ordinary measles* are engendered by the fungi of nouldy straw, then these cryptogamic bodies are not a pecific for an attack of measles, because the Law of ıealing is not that a morbid state is cured by the *same* gent that generates it, but by one that generates a disease imilar to the one actually under treatment, or that may e in question.

If ordinary measles are *not* generated by these fungi, hen the cryptogam shall prove both a specific and a prohylactic. To prove, or rather, to determine this, homœoathic practitioners should not delay to administer this ungi in the initial or developed stage of measles, and *oculate individuals liable to infection*, and diligently ote the results.

The observations recorded by both Dr. Salisbury and Dr. Kennedy, are, if I may use the expression, *thoroughly homœopathic;* and if their respective papers had been ent by a homœopathic practitioner to one of the bigoted-blind editors of an "orthodox medical periodical," the paper would have been rejected with contempt and with

slander. I am persuaded that nothing retards the p
of the *practice of physic* more than the month
weekly medical periodicals published in this c
But I even doubt whether either Dr. Salisbury
Kennedy perceive the profound interest and co
bearings of their observations; for if their obser
prove true, then they must, consistently, admit th
of *similia similibus curantur.*

I have, however, often recorded in this and in
medical periodicals, that nothing can exceed the bl
power of the "spirit of system;" and nothing prov
more than the supreme satisfaction and promptnes
which the medical Schoolmen turn away from th
ticular therapeutic truth which forms an integral
the laws which govern and uphold creation. Aga
again, a ray or whole sheaf of light, the bright
shining in the midst of darkness, beams across thei
and again and again they shun it, double round
proceed, preferring to grope along by the artificia
of their own lantern, rather than be guided by
which, if traced to its source, would surely not d
them, but lead them to knowledge that would rar
to disarm Death of his scythe, and save the life of
sands. But although their practice of physic va
each school, sometimes—yea, often—it varies in di
wards of the *same* hospital.* Again, in different co
and *periods*, still they intrench themselves in their
tions, and everything that does not emanate theref
condemned and slandered, as untrue and impure;

* Dr. W. O. Markham, a very feeble warrior against homœ
observes: "I could tell you of physicians practising in th
hospital, upon the same disease, at the same moment of time, a
of them using diametrically opposite remedies, and each one
with the result of his practice."—See his address in "Me
British Medical Journal, January 1861.

everything placed on the altar of their idol is looked at as though it were enshrined in light, or, at least, as worthy of being received and contemplated with a bland toleration, itself the mere unreasoning offspring of party spirit —more perverse and more stupid, more persistent and exclusive, than the self-imposed thraldom of a Hindoo caste.*

A COMMENT ON DR. COCKBURN'S PAPER, "HEMPEL AND HIS DETRACTORS."

By Fenton Cameron, M.D., London.

Having read an article in the April number of the *Review*, by Dr. Cockburn, of Glasgow, entitled "Dr. Hempel and his Detractors" (though perhaps Dr. Hempel and his Detract*or* would have been a more correct title, as only one was named), and being aware that, notwithstanding the roughness and scant courtesy with which Dr. Cockburn has seen fit to treat Mr. Wilson, the matter at issue goes much deeper than personalities, and that the battle is, in reality, between the principles which govern the two sections of the homœopathic body, I have been led to write the following comments on Dr. C.'s paper. I consider that the subject in debate is of the deepest interest to homœopathy, to its practitioners, and to their patients, and that the views of both parties should be

* Hallam was undoubtedly right in asserting that Idol, so often referred to by Bacon, is hardly equivalent to ἴδωλον.—See Bacon's Aphorisms, xxxi. to lxii., both inclusive. Bacon understood and made use of the word exactly in the same sense as the Greek philosophers did, especially the Stoics, *id est*, as an *idea* or mere *phantom* of the mind.—Plato Phaed. and Xen. Sympt. And such is the spectre or Idol venerated under the name of "Rational Medicine," touching which the "orthodox" acknowledge no light, except that emitted by the candles they place on its altar.

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represented, so that the materials for the formation of judgment on the matter may be in the hands of all wh it may concern.

I write in no manner or measure as a defender of M Wilson, but simply in the interests of what I believe to true homœopathy, which is being attacked in its mo vital principles by those who call themselves its discipl and friends.

With this object, then, in view, I would endeavour t confute Dr. Cockburn's arguments, and to shew that the have no solid ground to rest upon. And first I woul notice that Dr. C. says that: "Though some may diffe from him (Dr. Hempel) in reference to his peculiar view regarding drug-powers, chiefly, I believe, because he ha not been rightly understood on this point, still no one who is at all familiar with his writings, would be led t INFER from these that he was ever likely to be guilty o 'inexplicable errors and omissions,'" and all the othe charges which Mr. Wilson makes against him. If thi statement is true, it is surely an evidence of the necessit for the exposure of any error or errors that may actuall exist in these insidious writings. But beyond this it is no value here; and in making it, Dr. Cockburn depar entirely from the point at issue, which is, not wheth any one would *infer* that Dr. Hempel would ever *likely* to be guilty of errors, &c., but whether Dr. H. h or has not *actually* committed those errors, blunde omissions, &c., which Mr. Wilson accuses him of.

In order to substantiate his charge, Mr. Wilson plac before the profession the grounds on which he formed t judgment to which he has given utterance, and any o with even a slight knowledge of German may decide f himself whether Mr. W. is justified in the course has pursued; whether he is right in repudiating such "champion of homœopathy" as Dr. Hempel; and wl

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ther his "lack of generosity, respect and sympathy" causes him, the reader, so much pain as Dr. Cockburn alleges he has experienced therefrom.

Again, Dr. C. writes: "Apparently being proud of his scholarly attainments, Dr. Wilson very modestly sets himself up as a critic as to the relative merits of his own and Hempel's translation, and complacently comes to the conclusion that Hempel's is utterly wrong, and that his, of course, is right; that Hempel's translation is a tissue of 'endless blunders, hideous abridgments, and inexplicable errors.' Now this," Dr. C. goes on to say, "really appears to me to be too bad. If Dr. Wilson or any other person is so thoroughly acquainted with the German language as to be able to give a new translation of Hahnemann's works, which he considers in any respect better than Hempel's, by all means let him set about the work, and publish it. But in all common fairness, allow the profession to form an estimate as to its intrinsic or relative merits. It may be quite true that Dr. Wilson's translation would be better than Hempel's, though we will require to see it as a whole to know this; but there would be no reason on that account for black-balling and traducing Dr. Hempel."

Now, to use Dr. Cockburn's own words, this really appears to me to be too bad, and to be wanting in all common fairness. Why, because a man detects great errors in the translation of a work of such importance as Hahnemann's *Materia Medica*, and places others in a position to judge what value is to be attached to his discovery, by giving what he believes to be a correct rendering of a portion of said *Materia Medica*, should he be accused of merely desiring to exhibit his "scholarly attainments," of "very modestly setting himself up as a critic," and of complacently coming to the conclusion that he himself is right, and the man whom he criticises is

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wrong? When Dr. Cockburn has examined Mr. Wilson translation, and found in it even a quarter as many error as Mr. W. has found in Hempel's, such language as th above will be intelligible; in the meantime it seems to say the least, premature.

Again, why should Dr. C. exclaim, "In all common fairness allow the profession to form an estimate o the intrinsic and relative merits" of the translations when this is the very thing that Mr. W. has done by publishing his own translation in the most widely circulated Homœopathic Journal in this country? Then as to "black-balling and traducing," such words do no seem at all applicable in such a case as this, where th charges are made openly, and the proofs of their truth o falsehood are open to every one.

I write this, not, as I said before, in defence of Mr Wilson, whose best defence lies in the faithfulness of hi translation, which, having examined it to the best of my ability, I can in some measure pronounce upon. But I write in behalf of liberty freely and fully to ventilate an discuss all important matters connected with our glorio science, even when the discussion necessarily imperils reputation, as in the present instance; which liberty D. C. apparently wishes to stifle.

Dr. Cockburn raises the question as to the manner i which Hahnemann's works ought to be translated, a quotes from Hempel's introduction that "Hahnemann Phraseology is so involved, and bears so little resemblan to the usual modes of constructing periods, either German or any other language, that it is utterly impos ble to furnish a bare translation of Hahnemann's writing And again, "there is but one way of turning them i another language, that is, first to master the sense of period, and afterwards to embody it in the foreign tong in a free manner. This is the course I have pursued

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translating this volume. I have not translated WORDS but IDEAS."

Although in another place in his *introduction*, Dr. Hempel says that his "Constant object has been to express the symptoms in a clear and simple manner, in perfect accordance with the original," and to give "that which characterizes a symptom," which he says is too frequently omitted in repertories, and such like auxiliaries; in *the work itself* he forgets these pledges, and uses only the liberty which he has claimed for himself to embody the sense in a "free manner," and to translate "not words but ideas."

Dr. Cockburn thinks that Dr. H. has not abused this liberty, but that he has done good service to homœopathy in the use he has made of it; while Mr. Wilson and other practitioners, myself among the number, think that he has grossly abused it, and that, by giving his *own ideas* of Hahnemann's writings instead of translating as literally as was possible, he has done great dan. ge to homœopathy, its practitioners, and their patients.

Before reducing the matter to the test of practice, which I shall presently do as briefly as possible, I must make a quotation from Dr. C.'s paper. He says "At paragraphs 191-2-3, we have 'thirst frequently during the day,' &c. For these three paragraphs referring to thirst, Hempel gives no corresponding symptom; and for this there is one strong reason. When compared with symptom 190, these three paragraphs constitute a flat contradiction. For if it is true that *Sarsa.* produces a *total want of thirst during the whole period*, how, in the name of goodness, can it have an opportunity of producing thirst at any time? Unless we are to be mere automatons or puppets, simply repeating anything that is set before us, we cannot accept of these contradictions as being true."

Could Dr. Cockburn have been conscious of the full

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meaning of what he wrote when he penned th
Does he not know that the whole *Materia Med*
of such apparent contradictions? Does he kn
lution of the seeming difficulty? Such writing re
like a burlesque, coming as it does from a p
homœopathic pen, or like the conduct of one, w
pretending friendship, is in reality an enemy, a
tially shewing his colours before openly joinin
allies.

I shall now take up a few of the paragraphs
dering of which, by Dr. Hempel, Dr. Cockb
approves. He mentions symptom 173, "Rou
the throat *frequently returning*," and 174, "R
of the throat *every other day*." These Dr. H
simply "Roughness and *dryness* in the throat,"
depriving this roughness of two characteristics, a
"dryness." He next gives 176, "Sweet tas
mouth, when smoking tobacco," the latter clause
is omitted by Dr. H. 178, "Bitter taste upon
lip early (8th day)," and 179, "Bitter taste of th
These two symptoms Dr. H. unites, and make
taste" stand for both. Dr. Cockburn instanc
other symptoms, which have been treated in
way, in order to shew, by comparison, that Dr.
omissions and ideas are preferable to a literal
of the original. I have however brought forwar
to serve my purpose, and from those symptoms wh
quoted I shall select only one, (as the same line of
applies to all,) by which to develop my mean
fully. I wish to bring the contending views
of practice, and thus to shew that Dr. Hemp
omissions and generalisations, destroys the very
marrow of homœopathy, and has helped mat
bring about the deterioration in results, which
to have taken place since Hahnemann's day.

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I shall select symptom 176, "Sweet taste in the mouth while smoking tobacco," because Dr. Cockburn has a good deal to say about tobacco, which I can notice incidentally as I go along; and to 176 I shall add 188, "No inclination for tobacco," because it refers to the same subject; because Dr. C. characterises it as a "so-called symptom," and because he justifies Dr. H.'s entire omission of it on the grounds that it is "not a drug-symptom," that "it has no necessary correspondence with any disease whatever," and that it is "not a morbid but a normal condition!"

Dr. Cockburn says, "If the smoking of tobacco was a condition essential in the production of the sweet taste, then the symptom could be of no use excepting in the case of a tobacco smoker." This is self-evident, and also applies fully to "no inclination." But we have often to treat those who are smokers, whose normal condition (sad though this sounds and really is) has become through long-continued habit, to have a strong inclination for tobacco, like the German provers; and whose morbid condition is, like their's also, to have no inclination for their favorite indulgence. Surely Dr. C. would not have us turn away such unfortunates from our consulting-rooms, and as we cannot hope to cure them without taking into account all the circumstances of their cases, it seems to me a good thing, for them at least, that habitual smokers had something to do with the proving of some of our drugs.

I shall now suppose that one of these smokers has come to consult a homœopath about his health. He details his case, and among other symptoms has that of "No inclination for tobacco," of which he is generally very fond; and, when he does smoke, from the force of habit, *but only then*, a sweet taste comes in his mouth. Surely Dr. Cockburn will not say that this latter symptom is an

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impossible one, or one, which, if present, requires no notice!

I shall suppose that the practitioner works with Hempel's translation, and that all the symptoms of the case are covered by, say, four medicines, except of course those about tobacco, which are omitted. In their place he finds only a "sweet taste" in the pathogenesy of all the drugs, among which is *sarsaparilla*. He has done his best, but can individualise the medicines no further than this, and consequently is obliged to make a hap-hazard choice from among the four, and the chances are that, as *sarsa.* is a drug that has not been much used, he will choose some other; and that, after possibly running through the lot one after another, and perhaps even using them in alternation, he fails to cure his patients, or, at best, is a long time about it.

I shall now suppose the same patient to consult a homœopath who either reads German, or who has Mr. Wilson's rendering of *sarsaparilla*, and thinks it of sufficient value to consult it. He goes through the same process as the other, but unlike him, finds no difficulty, for the two symptoms, "no inclination to smoke," and "sweet taste when smoking tobacco;" but particularly the latter, so distinctly mark the disease and *sarsa.* as similars, that he gives this medicine at once, and necessarily with success.

There surely cannot be any question which of the two methods of translating is the superior, when they are thus practically tested.

Most homœopaths profess to believe that success depends upon the close and correct application of the remedy to the disease; in fact that the remedy the MOST like the disease under treatment is the one to be sought out. If this is the case, can we individualise, or seek the characteristics of either disease or remedy too carefully, or

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spend too much time or trouble for this end? Is it not generally allowed also that the characteristics both of drug and disease are, in very many cases, found NOT in prominent and marked symptoms, which the most careless observer can hardly overlook, but in some apparently trivial symptoms, which the patient thinks hardly worth naming, and which often require a good deal of questioning and examining to elicit a description of? If these two queries must, as I believe they must, be answered in the affirmative, or even if there is but a measure of truth in only one of them, what shadow of an excuse can Dr. Hempel have for giving merely HIS OWN IDEAS, and not the most literal rendering possible of the original? Or can he be too strongly condemned for the course he has pursued?

Dr. Cockburn, while on the one hand he entirely approves of Dr. Hempel using all the license which he has done, yet on the other acknowledges that "possibly Hempel has exceeded his latitude, and abridged too much." In this he follows in the wake of the *British Journal of Homœopathy* of October last.

In one part of a wonderful article, choicely headed "Love's labour lost," that Journal condemns Mr. Wilson's object in seeking to reproduce for the benefit of the English student what it elegantly designates as "rubbish," and says "Hempel has, in a rough and imperfect manner, attempted to winnow some of this chaff out of our *Materia Medica;* we are only sorry he has not performed his task more thoroughly."

In another part of said "Love's labour lost," it writes as follows: "It appears that Hempel has omitted a good many of the symptoms that occur in Hahnemann, *which was very wrong of him, for as a faithful translator he was bound to give a literal rendering of the original. Mr. Wilson therefore deserves the thanks of Hempel's*

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readers for pointing out the untrustworthiness of t translation." (The italics are mine.)

If Hempel has "possibly exceeded his latitude" as translator, "and abridged too much," where would D Cockburn draw the line? And if, as the *British Journ of Homœopathy* has it, Dr. H. was wrong in not translati literally, and yet did not winnow out the chaff sufficientl and if Mr. Wilson is blameable for seeking to rest rubbish, and yet deserves thanks, what would that jour do if it could put matters to rights after its own fashion

As a contrast I shall add an extract, from a notice Mr. Wilson's papers, in the *American Homœopat Review*, of February, by Dr. Carroll Dunham, of N York, a man of some note in the profession, and leave reader to come to his own conclusions. Dr. D. says, "t review [by Mr. Wilson], so damaging in the facts wh it lays before us, is yet temperate, even regretful in language, while in its main purport it is unanswerab and disposes for ever of all the claims of Dr. Hemp translations on the confidence of the profession."

Dr. Cockburn speaks of the welcome that will gr Dr. Quin's translation, which has been long promised and earnestly looked for by the profession. It is to hoped that the forebodings, to which Dr. Carroll Dunh has given utterance in the notice from which the ab extract has been taken, will not be realised, but th may speedily make its appearance, for of course a w from such a pen as Dr. Quin's will eagerly court closest criticism, and then the profession will doubt have an opportunity of judging between the intri merits of a translation of *ideas*, and a literal renderin the text.

Immediately after allowing that possibly Dr. Hem had abridged too much, Dr. Cockburn, in his zeal Hempel, and while saying, "As to his confound

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halsgrube and *hartzgrube* (*sic*), or *stirn* with *oberkopfe*, it is childishly absurd, the merest tyro in German would know the difference," falls himself into a strange confusion. Where is the "childish absurdity," if Dr. H. has *actually* confounded these words, if not in his head at least in his book? And what has the tyro in German to do with it? The matter does not affect the German student at all, but only the English student of homœopathy, who, working with the English translation, under the belief that it is a faithful and true rendering of the original, finds his medicines fail him, from no fault of his own, but because Hempel, *in Hahnemann's name*, directs him to use one medicine for an affection of the pit of the throat, which has an affinity for the pit of the stomach, and another for the forehead, the seat of whose action is the top of the head. This is no unimportant mistake in translation, such a mistake as, in books on general subjects, the sense of the passage both points out and corrects, but one which there is nothing in the sense of the words to cause suspicion of, and which, as it may cause serious consequences, deserves to be more gravely considered than Dr. Cockburn seems to have thought necessary.

Dr. C. goes on to say, "Any change upon words, and any departure from the literal text of Hahnemann, must have been done purposely and intelligently, from reasons which to the translator appeared wise and judicious." This is standing up for a friend indeed! Would Dr. Hempel himself go so far as to say that he had purposely and intelligently translated "halsgrube" as "pit of stomach," and "stirn" as "top of the head?" Yet, for all this, Dr. C. acknowledges that Dr. Hempel may have made a mistake in so doing, for he say "Humanum est errare; so may have Hempel!"

Dr. Cockburn sets small value on *sarsa.* as a medicine, and thinks that it might be blotted out of the *Materia*

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Medica with small injury to any one. Even were right in this strange belief concerning a medicin has often done good service, the question of its value as a drug has no bearing whatever on the n debate, which is the character and consequent valu Hempel's translations. Mr. Wilson accuses Dr. of being a *generally* unfaithful translator, and, i enumerates thirteen other medicines, besides *sarsa* the number of omissions in each. Of these the m monly used and best known are *phosph.*, which omissions; *silicea* 111 omissions; *sulphur* 224; *zi arsenicum* 127. Does Dr. Cockburn think that t might be expunged without loss to suffering huma

Meantime the accusation againt Dr. Hempel unrefuted. His friends cannot deny that it is true, but they seek to justify him in various ways prove that his omissions, mistranslations, &c., nemann's work have benefited homœopathy; Cockburn rises in wrath because a profane hand laid upon what has been so long regarded as perf shews its many and grievous faults to both frie foes. It is to be hoped that the storm raised Wilson's *exposé* may clear the atmosphere of homo which has become somewhat cloudy, and be the h of a new translation of the Materia Medica. FAITHFUL, will, I am sure, be welcomed most c by the profession, which will not, in that case, mu whether the author be Dr. Quin, Mr. Wilson, other man.

In conclusion, I would say that if professing paths are content with such a translation of the *Medica* as that which Dr. Cockburn so energ defends, and are prepared to sanction such a s away of the characteristics of the symptoms of d he, in such plain language, and so unhesitating

tions, they cannot wonder at it being more than hinted that they call themselves disciples of Hahnemann without any right to do so, seeing they are going contrary to his most solemn injunctions, and are not seeking to practise as he practised.

AUXILIARIA.

CASE OF MUSCULAR RHEUMATISM CURED BY ELECTRICITY.

By Dr. M. Teller, Prague.*

Dr. Teller, the subject of the following case, thus relates his experience of this troublesome and painful disease:—

"Having suffered from rheumatism for a period of three years—the pains increasing from year to year, until they became at last almost unbearable—I had recourse, in the year 1842, to the baths of Toplitz. The result was, that in the autumn of the same year the pains had almost ceased, and in the following year I was only reminded by the occasional twitchings how much I had formerly suffered from this disease.

"As time went on, however, the pains again began to return, and concentrated themselves in the right deltoid-muscle, and occasionally in the knee-joint and the lumbar-region.

"The pains being again so great, I resolved, in the year 1856, to return to the baths of Toplitz; and in less than fourteen days after using the waters, the pains disappeared.

"On my return home the pains again made their appearance, but not in a form sufficiently severe to force me to Toplitz: all I did was to apply cold wet bandages around the suffering parts—taking also one or two doses of *bryonia*.

* From *Allgemeine Homöopathische Zeitung*. January 19th.

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"The next year, out of old friendship, I went to see m venerable colleague, Dr. Jellinck, at Nachod, to co gratulate him personally on the jubilee of his fifty yea doctorate. After stopping a few hours in Nachod, I too my departure on the 24th of August, but was unfo tunately compelled, owing to an accident on the railway to sleep in the town of Pardubitz. Not knowing th town, I was recommended to an hotel, where the bed steads had no mattresses, and I had to lie on a feather-bed In a short time after retiring, I got into an uncommo perspiration, and having to leave my bed during this pe spiration, in order to catch the first train, no sooner ha my feet touched the bare floor, than I felt the old pain i my deltoid muscle.

"On my arrival in Prague, I entered as usual into m duties, hoping that the pain would disappear, but m hopes were vain. In the evening the pain increased, an became unbearable; the night, during which I applie cold wet bandages and took *bryonia*, was a sleepless one and as I left my bed early in the morning, I found that could not lift my arm, and was obliged to let it hang dow being unable to use it either for writing or any othe purpose.

"I hoped that by the use of *bryonia* and cold we bandages for a couple of days the pain would abate s heretofore; but my nights were sleepless, and the pai was as if some one was striking my muscles with hammer, and was loosening them from the bone. I no took *rhus. t.* (3) and again applied cold bandages; and s two more days passed without any benefit.

"September arrived, and I was anxious to attend th National Congress at Carlsbad and to employ my han vigorously. My allopathic colleagues advised me to tr this remedy and the other. I also had recourse to war baths and to the Russian vapour baths, but in vain—m

position remained the same. In looking over the work of Noack and Trinks, I noticed that *thuja* seemed adapted to my symptoms, and I used it externally and internally, but in vain.

"In this sad condition I met Professor Löschner, who, seeing my arm hanging uselessly at my side, asked me the reason. He immediately advised me to try electricity. I must confess that I had but little confidence in his prescription, but the painful twitchings of the deltoid-muscle brought me to try the apparatus, constructed partly on the plan of Duchenne, and partly on that of Petrina.

"On first using the apparatus, I soon found that, on passing the conductor over the parts affected, a sort of burning sensation came on, and the twitching of the muscles was so great as to jerk the conductor out of my hand. Some portions of the muscles, however, seemed to have no sensibility. The first day I applied the electricity during a period of ten minutes; on the second day fifteen minutes; and from the third to the sixth day fully half-an-hour. After the first application I found great relief. On the second day I could begin to move my arm. After each application the pains grew less, and after the sixth application my rheumatism was completely cured.

THE THERAPEUTICAL VALUE OF COD-LIVER OIL IN CHRONIC CONVULSIVE DISEASES.

(Abstract of a Paper read by Dr. Anstie before the Western Medical and Surgical Society, February 20th.)

The author's attention had first been directed to cod-liver oil as a remedy for affections of this class in consequence of his obtaining some years ago an unexpected success with it in a case of chorea, which had resisted all the ordinary modes of treatment. The convulsive diseases in which the author has employed cod-liver oil are paralysis

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agitans, simple epilepsy, chorea, and mercurial tremor, an in all these affections it has appeared to be more constantl useful than any other medicine. Of paralysis agitans, fou cases were detailed, of which three were very decidedl improved, and one of them may have been said to b cured, although the affection had been very severe. O chorea, one case was detailed, and others were alluded to in which the benefit produced was very marked. O mercurial tremor, one most remarkable case was related in which the cause of the mischief was a very unnecessar salivation inflicted by medical authority some thirty year previously; the patient was attacked immediately after wards with dreadful tearing pain in the muscles of th forearms and calves, and with violent muscular tremor and ever since that time she has been liable to a recurrenc of the symptoms when much fatigued or depressed fro any cause. On application to Dr. Anstie, at the Chels Dispensary, cod-liver oil was prescribed and persiste with for five weeks, at the end of which time all the sym toms had perfectly disappeared; the patient declared th she had never been cured before in less than six or eig months, and she doubted whether any other medicine th the oil had ever really done her any good. Twice sinc she has had slight recurrence of the symptoms, but short course of cod-liver oil has on each occasion give complete relief. Of simple epilepsy, twenty cases wer given in which the treatment had been confined to th use of cod-liver oil. Of these there were five upon whom no good effect whatever was produced; seven had com pletely recovered; two had disappeared from supervisio at a time when they were rapidly improving, althoug they could not be said to be cured; in two others th mental symptoms had greatly improved, but the fits re mained as before. Four patients remain still under super vision; in two fits have ceased, although there are stil

frequent prodromata; and in the remaining two but little good has yet been effected. Besides this general summary of results, Dr. Anstie detailed the particulars of three cases which, from their severity, might be said fairly to test the remedial power of the oil. The patients were respectively a girl, aged seventeen, a boy, aged thirteen, and an infant, aged seven months; in all of them the fits were very frequent and severe, and the nervous system exhibited signs of great depression. The case of the infant was specially noticeable, because it was proved by microscopic inspection that the milk of the mother was very deficient in oily matter, and it appeared that in a former infant of the same mother precisely the same train of symptoms had appeared, and had terminated fatally. In all these three cases the treatment had proved perfectly successful, and the author commented strongly on the fact that in all these cases the general nutrition of the body had been excellent, and only that of the nervous system had appeared deficient, and said that the conclusion appeared inevitable that the oil had expended itself in enriching the nervous centres. This, indeed, was the principal point of the paper. The author directed attention to Dr. Radcliffe's remarks on the necessity of fat to the nutrition of the nervous centres, and mentioned the fact that that gentleman had found cod-liver oil of the highest value in the treatment of convulsive diseases. He observed also, that the beneficial action of cod-liver oil was quite consistent with what we know of the action of the few other remedies which careful therapeutical investigation has credited with a really beneficial action in chronic convulsive diseases. Steel, arsenic, quinine; all these may fairly be spoken of as foods. With regard to sedatives, the author remarked, that in the first place the good effects which could be expected from them were chiefly temporary, and such as result from breaking through for a time the evil habit, so

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to speak, of a convulsive action. Secondly, and this was most important, there was strong reason to believe that it is not the really narcotic effect of these remedies which are of service in preventing or arresting convulsive action, but merely the stimulant effects which can be obtained from small doses; for there is no class of remedies which is more useful in preventing or arresting convulsions than the pure stimulants. The author concluded his paper by deprecating strongly any return to the absurd system of hunting about *blindly* for "specifics" for chronic convulsive diseases. The progress of clinical observation was blasting the reputation of one after another of the strange, out-of-the-way remedies which had once been accepted with the blindest faith, and was pointing unmistakeably to a rational treatment of convulsive diseases by means of medicines whose action it is possible to understand.

[We have ourselves italicized the word "*blindly*" in the penultimate sentence of Dr. Anstie's paper—for, with him, we deprecate the allopathic mode of searching for specifics. It is, indeed, hunting in the dark, without rule or law. Here homœopathists have a vast advantage. Every specific is accepted only in accordance with a natural law, and after careful experimentation in the healthy body. Drugs affect the healthy organism and induce certain symptoms, and those symptoms have their analogues in some natural disease; and in obedience to the law of similars, a drug will cure a disease whose symptoms are analogous with its own pathogenetic effects. It is the recognition of this strange, yet most certain, law which enables the homœopathist to choose his specifics—not *blindly*, but *inductively*, and which gives to him a power which his allopathic colleagues do not possess.—Ed. Hom. Rev.]

ERGOT OF WHEAT.

In a thesis lately maintained in the College of Pharmacy t Montpellier, M. Leperdriel, jun., has proposed the emloyment of ergot of wheat as a substitute for ergot of rye. Ve subjoin a short abstract of his conclusions, derived rincipally from a notice of the work in "L'Union Pharaceutique."

Ergot of rye, says M. Leperdriel, possesses undoubted edicinal properties, whilst, at the same time, its employent is attended with serious inconveniences. Many edical practitioners give it fearingly, and often exclude altogether from their practice, on account of the serious cidents which have sometimes followed even its judicious dministration; and we have seen more than once the lademy of Medicine censure accoucheurs and midwives r its improper employment.

There are two reasons which are opposed to the use of rgot of rye in medical practice: thus, in the first case, it soon injured by damp, and becomes destroyed by mites; nd, secondly, it contains a notable amount of a poisonous einous principle. From these causes it necessarily folws that this remedial agent is often inert and sometimes angerous.

Struck by these drawbacks to the employment of ergot rye, M. Leperdriel has endeavoured to prove that in got of wheat we have a remedial agent too little known, d which is a good substitute for it, as it possesses all its edicinal properties, without having, to the same extent, alterability or poisonous effects.

Ever since the year 1565, when Lonicer first spoke of ergot of rye, until the present day, this substance has en the object of numerous investigations, both as regards mode of production and its medicinal properties. M. perdriel, after passing in review the long list of authors on the subject, and making quotations from the most

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celebrated pharmacologists, thus sums up the views o botanists upon the production of ergots in general.

Ergot is a disease confined to glumaceous monocotyl donous plants, and more especially to those of the gra order *graminaceæ*. In the latter order, ergot has bee found in nearly all of its genera. From the investigatio of M. Tulasne, and the general conclusions of moder botanists, it results that there are three phases or differe conditions in the development of ergots: first, the *sphac lium*: the initial form of the fungus, which at an ear period encroaches upon the surface of the ovary, a which, after being covered with one-celled naked repr ductive spores, remains in the form of corrugated a decaying *débris* upon the summit of the sclerotial state the ergot; secondly, the *sclerotium*, a hard and compa stroma, which constitutes what is commonly known as th ergot, and which is developed under the *sphacelium* i the cavity of the ovary or ovule; thirdly, the *clavicep purpurea*, the definitive state, or rather the most complet fructification of the species, which is developed upo ergots placed in earth, under the form of a fungu with a cylindrical stalk, and terminated by a globula head which encloses the conceptacles, sporangia, an spores.

As regards the ergot of wheat, M. Tulasne thus speak of it:—Although, as a general rule, ergot is rather ra in the ears of wheat, it is, nevertheless, not so difficult t find there as many authors would lead us to suppos Whilst the same ear of rye will bear a number of ergot that of wheat usually produces but one, and very rare more than two. Caries sometimes accompanies th ergot, in which case the grains of wheat become t seat for the development of two very different parasiti fungi.

The ergot of wheat is much rarer than that of rye.

roduced more especially in wet seasons, and always on side of the ear which is most exposed to damp. It is ossible to confound the ergot of rye with that of wheat. *ergot of rye* is fusiform in shape, generally curved the spur of a cock, whence its name of spurred rye, furrowed longitudinally with striæ of equal depth. aries from about three quarters of an inch to more an inch in length, and from nearly half an inch to it three-fifths of an inch in circumference. The *ergot heat* preserves the form of the grain which it replaces. shorter and much thicker than the ergot of rye; thus aries in length from about two-fifths to three-fifths of inch, and from about three-quarters of an inch to rly an inch in circumference. It is very deeply cleft, often even divided into two, or sometimes into three, is upper extremity.

The *ergot of oat*, of which M. Leperdriel also speaks, embles that of rye, with which it is frequently mixed; nay be easily known from its smallness and the absence evident striæ.

There is no very perceptible difference either in the our or odour of the ergots of rye and wheat; still the ter appears to be darker and less nauseous than that of . A microscopical examination shows a difference in sporules of the two ergots.

The most remarkable physical property which the ergot wheat possesses is, undoubtedly, its power of resisting cay, and hence of preserving for a length of time its dical virtues. Some of it in powder, wrapped in paper d left in a drawer, had not at the end of a year undergone any change, and when employed by several physicians, it acted as energetically as the fresh powder. an the same be said of ergotized rye?

M. E. Gonod has repeated the experiments of M. Leperiel, and has also noticed *that ergot of wheat and the*

to secure it an important place in therapeutics. T
practitioners and professors of the schoool of Mon
have also experimented with ergot of wheat in
pharmaceutical forms, and have come to the con
that the action of ergot of wheat is as energetic
rapid as the ergot of rye. They, moreover, all a
stating that the ergot of wheat had never in thei
produced the slightest injurious effects, either
mother or child.

From this thesis of M. Leperdriel's, it follows *th*
of wheat ought to be employed in preference to that
for these reasons: (1) because it does not alter b
ing; (2) because it contains 15 per cent. less
poisonous principle of ergots; and (3) because it
20 per cent. more of the efficacious principle.

At a recent meeting of the Pharmaceutical S
Professor Bentley called the attention of the mem
the thesis of M. Leperdriel—an abstract of which
translated for the *Pharmaceutical Journal* (March).
fessor Bentley remarked, that M. Leperdriel stat
there were two reasons opposed to the employ
ergot of rye in medical practice: the first because

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sessed all its medicinal properties, without having to the like extent its alterability or poisonous effects.—(*Pharm. Journ.*, vol. iv., 2nd ser., March 1863, p. 423.)

Professor Bentley said, that without wishing to indorse all the statements made by M. Leperdriel, some of which were certainly open to criticism, still he thought that the medical profession would do well to test the effects of ergot of wheat in this country. Some years since it had been tried with success in North America, and it seemed extremely probable that the ergot of all the grasses would be found to have somewhat analogous properties. Professor Bentley added, however, that his principal reason for introducing the subject to the notice of the pharmaceutist was to call attention to the less alterability of ergot of wheat. In this particular he could corroborate to some extent the statement of M. Leperdriel, for in the Pharmaceutical Society's Museum were specimens of both ergot of rye and ergot of wheat which had come into the possession of the Society at the decease of Dr. Pereira. These had been both preserved in closely-stoppered bottles, and had otherwise been exposed to precisely the same influences for more than ten years; and, as might be observed by all present from the specimens now on the table, the ergot of rye was completely destroyed, while the ergot of wheat did not appear to have experienced the slightest alteration. Professor Bentley said he should like to know the opinion of the members present as to the best means of preserving ergot of rye, as if any satisfactory plan could be adduced for its preservation without loss of its remedial properties, it would probably be found more beneficial to continue its use, as it was, so far as he knew, much more readily procurable than ergot of wheat. Professor Bentley then read a letter from Mr. Smith, of Kilmarnock, in which it was stated that ergot of rye kept

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best when placed in paper in a dry place, as on a mante piece over a fire which was daily lighted in winter.

The President said, that if ergot of rye was put aw in the condition in which it was received, when it w always somewhat damp, it soon became attacked by ac and perished. He thought that if well pulverized a perfectly dried, it might keep for some time in a wa and dry place, but he had found the best plan was to ke it in a bottle with a piece of camphor.

A discussion then took place, in which Dr. Redwo Mr. Hills, and Mr. Giles took part, from which it appear that ergot of rye, if well dried, might be kept either e posed to the air, or in hermetically sealed bottles, or stoppered bottles with a nick in the side of the stopper.

A CALENDAR OF CASES TREATED AT TH PENZANCE HOMŒOPATHIC DISPENSAR DURING THE YEAR 1862.

By J. H. Nankivell, M.R.C.S., Eng.

(Continued from page 212.)

M. R., aged 10 months, female. Syphilis. The fath and mother have both been affected with the disease, b at present are in pretty good health. I found so difficulty in getting at all the facts of their history, a the husband has never come to me for treatment. I lea that the child in question was the third which they h had, that the two first had died in a sad state of diseas and were much in the same condition as the patient wh case I have briefly to describe. The whole body w mottled with copper-coloured spots and much emaciat the countenance had an aged expression, the eyelids w red and tumid, the nostrils so affected with what, want of a better name, I may call syphilitic coryza, t

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respiration was performed through them with the utmost difficulty. Suppuration over the middle cartilage; hard nodules in subcutaneous cellular tissue in arms, legs and back, going on in succession to formation of pus. The mother and child both took *nitric acid 3, thuja, merc. sol. 3*, but the child gradually sank. Died.

W. T., aged 7. A boy subject to strumous ophthalmia. Left eye has been diseased from birth; specks in corneæ during the last three years; lids red and swollen; much intolerance of light. He took *ars. china, hepar* and *calc. carb.* with great benefit. Cure.

C. C., age 58. Has been bed-ridden twenty years. There has been chronic disease of the liver, with tumour thereof. Some ulceration of the lower bowels, as the evacuations were rarely ever passed without some blood and mucus. She was suddenly seized with intense peritonitis and died the following day. It is highly probable in this case that there was perforation of the intestine. There was no inspection of the body. Died.

P. B., aged 22. Amaurosis. Is unmarried; her sight was perfect until four years since, when she was *frightened* at the death of a near relative (it is worthy of observation how much the people in Cornwall attribute their maladies to fright); a few weeks afterwards there was always a misty appearance before the eyes. She was under the care of an oculist of some reputation for five weeks, during which time she had drops put into the eyes every morning, causing much smarting. She had blisters to nape of neck and behind the ears. She also took medicines; she did not derive any benefit from this treatment. Two years since she was attended by another surgeon, but did not get better. At present she complains that she cannot look intently at any object without pain in the eyes; she sees motes and a moving haze; she is not able to read even with spectacles. There is no appearance of disease

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in the eyes except in the iris on the right side, whic becomes an irregular pupil. She took *sulphur, phos.* an *calc. carb.* without the least benefit. Uncured.

Matthew J., aged 22. Took cold three years sinc and suffered much from difficulty of breathing; had muc dry cough, and severe headache Afterwards he had fr expectoration at times which relieved the dyspnœ During the last six months has occasionally spat bloo he has not wasted in flesh, and has no night sweats; h suffered severely from asthmatic attacks at night. Lun do not afford any indication of tubercle. The case a peared to be one of neglected bronchitis. He took *n vom.* at night and *sulphur* of a morning, afterwards *bel donna,* and then *arsenicum.* This patient was mu benefited. Relieved.

M. C., aged 57. Hypertrophy of the heart from v vular disease of many years standing. The action of t heart is extremely tumultuous; much dyspnœa; swe profusely; has pain in the back, especially under t scapula. There is a distinct prominence of the chest o the region of the heart. She took *lachesis* as a palliati but with no marked results. Uncured.

Eliza D., aged 20. Has a furfuraceous state of sca with desquamation of flakes not unlike what one me with in lepra vulgaris; scalp itches by night, but not day. If the furfur is carefully removed by ablution never forms again. During the first week *sulph.* during the following three week, *arsenicum* 3. Cured

Sarah E., aged 65. Has been subject to a cough some months; is very much emaciated; has spat bl and gets night sweats. Four years since had inflammat of left lung; at present the apex of this lung is much l pervious than the right; it is probable that there is tul cular deposit in it. She took *phos.* 3, which has m diminished the intensity of her cough, but she has

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some pinkish blood. She then took *arsenicum* with advantage, and has continued pretty well for ten months. She reapplied for treatment at the latter part of December, and the disease in the left lung had not made any cognizable advance. Relieved.

A. B., is the subject of severe chronic Rheumatism. The feet are swollen; he has a still sleepy sensation in the limbs; the pains are diminished by exercise; he has difficulty in stooping; the hamstring tendons feel tight and contracted; can flex the knee freely when walking, but not when stooping; much pain by night in left arm; *scalp extremely sore when touched.* Took *rhus tox.* for a week, but without relief. On making further enquiry, it was discovered that there was a specific cause for the rheumatism indicating a different remedy. He took *merc. sol.* for a week with some relief. The rheumatism I had to treat is known to affect the scalp, back of the head, knee and tarsal joints. The patient afterwards took *copaiba* 1st dilution, and made a good recovery. Cured.

M. F., aged 40, a martyr to epilepsy. At times after a severe fit she lies for a week in a kind of hysterial trance, flinging her arms and legs about, and uttering prayers and religious exclamations; after which, she gets about again and feels much as usual, but with no recollection of her illness. There is not the slightest suspicion of malingering in this case, as the poor creature is a most estimable person and very honest hearted. She took *acid hydrocy.* 3, *hyoscyamus* 3, and *calc. carb.* 3, but with little if any benefit. Uncured.

Agnes W., aged 18. Vomitis of several years' duration. Catamenia are regular; bowels generally constipated. About half an hour after each meal, a portion of it is pumped up by the stomach in a sudden and violent manner; she finds that if she remains in bed she retains food more easily. She took *nux vom.* with marked benefit,

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and afterwards *lachesis*; she made a good recover Cured.

John M., aged 4. Has been ill five months. T doctor did not say what was the nature of the disea The appetite failed, and he became much emaciated, a could not lie down in bed. Another doctor was called who said it was palpitation of the heart. The child h lately voided twenty worms, some of which were nearly foot long; he has occasionally vomited; has some coug pain over the heart. Auscultation declared a most inten form of pericarditis and its usual results. The ca seemed utterly hopeless, and the child died at the end a fortnight. Death.

M. A., aged 44, mother of thirteen children. Fi years' since had a miscarriage of twins, and then h profuse hæmorrhage; in one of her confinements had adherent placenta. For five years has been much wea ened by menorrhagia every three weeks; the peri sometimes lasts ten days; much coagula being passed; often faint; heart beats violently; leucorrhœa constan appetite good; pulse 80. She took *calc. carb.* 3 onl with the best results. Cure.

J. R., aged 15. Has been ill for a month. At first felt some pain in the bowels, and afterwards mu dysuria. At first the water was dark coloured, and present is bloody. If he attempts to lift a barrow he h much pain across the back and at the neck of the bladd He is very thirsty and looks pale. He took one drop *canth.* 3 night and morning for a week, when he stat that he was much better; that the water was free a passed with less pain; the colour of the urine is st dark, but there is no appearance of blood. He feels ve chilly; cannot keep away from the fire; often shiver talks much in his sleep. He took *arsenicum* at nig and *arnica* of a morning. At his next visit he stated th

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his water was natural in appearance, and that he felt well. Cure.

March 6th. J. J, aged 24, a fisherman. Has had a severe fall against the rail of his boat, and struck himself a smart blow on the left loin; has suffered much pain. To take tincture of *arnica* 3, one drop three times a day.

10th. Is much better. To continue *arnica*. Cure.

R. K., aged 4 years. Congenital syphilis. Has taken so much *mercury* (*calomel?*) that his teeth are all destroyed. At present the only external marks of disease are in the eyelids, which are very red and swollen. He took *hepar* for a fortnight, and afterwards *calc. c.* and *euphrasia*, and recovered. Cure.

M. H., aged 63. This woman has for years been the subject of valvular disease of the heart. On the present occasion she had extensive congestion of both lungs; much fever and delirium It was with difficulty she could be retained in bed; she was constantly clawing at the chest and tearing her linen, the dyspnœa being intense. She took *aconite* and *bell.* 3, in alternation, every three hours. The following day there was less fever. She then had *phos*. She became conscious and complained of much pain in the back, for which *arnica* was prescribed, and she made a satisfactory recovery. Cure.

E. L., aged 6. This little girl was brought to the dispensary, the mother stating that the child had for more than a week suffered from great difficulty of breathing, and cough. An examination of the chest showed that the lower lobe of left lung had been solidified by pneumonia. She took *phos*. 12 only, from the 1st to the 15th of March, when resolution of the disease had taken place. Cure.

I. T., aged 9 months (purulent diathesis?). Was a small delicate baby when born, the mother having had a great fright and shock when she was pregnant, in consequence of a patient having suddenly died whilst leaning

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against her shoulder. She went on to her full period, and was four days in labour. Two of her children have died during their birth, the labours having been so very severe. This child has had one abscess in the shoulder, and now has another on the scalp; it shrieks much, and vomits when she gives it food. She is only able to suckle it on the left breast, as the right breast is nipple bound, and there has been matter formed in it on every child. She still feels a draught of milk in right breast, and milk runs from the nipple of it when she is giving suck. The child has not had diarrhœa; at present its bowels are constipated. This case looked hopeless from the beginning. There was evidently serious disease of the brain itself. The abscess in the scalp was lanced, and a few doses of *arnica* given, but the child rapidly sank. Died.

A. K., aged 10. This boy has been subject to boils on his neck every summer; at present he has a skin disease more like psoriasis than anything else, behind the ears and on the nape of the neck. A small tumour or rather abscess occupies the entrance of the entire meatus of left ear, causing deafness. A lancet let out some pus, and also a fluid such as one finds in enlarged bursa. He took *hepar*, followed by *arsenicum*, and the skin affection, &c. disappeared. Cure.

E. J., aged 16. Right eye disorganised by an inflammation some years since. At present it is hot, swollen and painful—also the lids; lastly, the lachrymal sac became implicated in the disease, and suppuration took place. With so much disorder it was to be feared that the left eye might have become also affected (I have known one instance). At this time she was a week over the time for the catamenial period to have arrived. She took *acon. bel.* and *puls.*, during the operation of which medicines the ophthalmia subsided; but the period did

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not return until three months had elapsed, and then whilst taking *sabina*. Cure.

J. M., aged 18. Three weeks since he spat some blood. A surgeon "sounded" him, but did not give any opinion as to the nature of the case. Has had a cough about six months, and has felt very weak, especially in the legs; during the winter has expectorated much, and lost flesh; he perspires at night; the cough is very bad of a morning. Pulse 100. The apices of the lungs do not give any positive evidence of tubercle, but the respiratory murmur is dull and indistinct at the posterior part of both lungs. He took *ipecac.* 3 for a week, when he stated that he had not spat any blood, and that the mucous expectoration was much diminished; the perspiration less; the appetite improved. To repeat *ipecac.* 3. At his next visit he said that his cough was much worse, and that in all other respects he felt better. He then had tincture of *drosera* 3, which he took for ten days, and was discharged greatly improved. Relieved.

W. A., a man aged 42, of intemperate habits and attacked with epilepsy. Three weeks since, when in a fit, fell against a hot stove, and burnt himself very badly. At present he has a black eschar over right scapula, six inches by four, separating at the edges; one lesser burn below inferior angle of left scapula; and another occupying the whole posterior aspect of right elbow. A probe passed down to the olecranon, detected a portion of bone denuded of periosteum. The fœtor from these wounds was most offensive. As it was evident that the charred slough on the larger wound would be a long time separating, I dissected it off. The wounds were dressed with lint wetted with tincture of *calendula*, which did not produce the least pain, and seemed to promote cicatrization. *At the end of a fortnight* the man informed me that he had discovered another burn on the posterior aspect of

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right shoulder, and assured me that he had not known anything about it until within a day or two!! (he certainly could have had no cutaneous nerves.) This wound was the size of a crown-piece, and granulating. A probe was occasionally passed down to the denuded olecranon, and as soon as the dead bone was detached, an incision was made down to it, and it was withdrawn. After which the part rapidly healed. It was not until the end of July that the largest wound had perfectly cicatrized, and during the whole of this time, the man never made the slightest complaint of pain or inconvenience.

G. D., aged 18. Has had disease of the knee joint for two years; he is a tall thin delicate young man, a Cornish miner, and first felt pain in the joint when wheeling barrow of ore. He states that at first there was swelling under the knee in the popliteal space, the size of an egg. This swelling has since diminished. The disease grew worse, and he had much pain and difficulty in bending the knee. Applied to the mine doctor, who prescribed liniment, which gave him some relief, and he again worked at a mine for three months. He then became worse, and another mine doctor ordered mustard poultices, and afterwards mercurial ointment to be rubbed into the joint: he did not get better, and applied to another surgeon who applied mercurial ointment, and also *iodine*. He continued this treatment for seven months, at the same time taking some medicine. He states that he had at different times ointments of different colours applied to the joints, very red, blue and green. He was directed to keep the limb quiet, and in order that he might make some good use of his time, he attended a village school. After this he was again attended by the second surgeon, above referred to, who directed him to keep in bed for six weeks; during which time he had a liniment, and a seton was also introduced below the knee. After this he

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as attended during eight months by a horse doctor, who, the great damage of the health of this neighbourhood, ndertakes the cure of any severe cases which are found stinate and unmanageable by the qualified surgeons. his wretched pretender gave a liniment containing tar-rized antimony, and directed that it should be rubbed from the middle of the thigh to the ankle, and when stulation was established, pointed to the effect of his iff as a proof that the disease was now brought to the rface. The poor patient, during this ordeal, had to vel a distance of fourteen miles every week or two in a nbering omnibus. Having become wearied of this age practice, he applied for relief at the Homœopathic pensary. I found the knee two inches larger than its ow; obscure fluctuation. Moving the patient pro-ed pain; as also any and every motion of the joint. looked pale and haggard, the pulse being 110. It s evident that there was extensive damage of the tilages of the joint, and I advised him to give the limb fect rest, and proposed to send him to one of the ndon hospitals, in order that the operation of re-section the joint might be performed. Three days after I first r him, he slipped and fell down, striking the knee ainst the floor; he felt much worse after this accident, d the pain in the joint was much increased. There was re swelling and fluctuation very distinct. He took *nica*, *silicea* and *sulphur*, and had *belladonna* lotions to e joint, but with little benefit. He complained of dart-g heavy pains above the patella, which caused him to ream; and living seven miles from hence, the parents re unable to pay the expence of having him attended his house. Moreover, about May, 1862, he was in-ced to submit himself to the treatment of a village ack, who had been in different parts of the world, and d brought with him numerous potent roots, which he

was in the habit of carrying about with him, and e
ing, as of wonderful virtue, and unknown to the M
Faculty in general. This man undertook to cure th
fellow; and on one occasion when I called to look
joint, I found that it was enveloped in a mass o
which looked like resin and charcoal. The acc
received was that there had been less pain since thi
drous stuff had been applied. It probably has a
some extent as a splint might do in steadying the
I have not seen the patient for four months, and w
any degree of anchylosis has taken place I am un
state. I have omitted to state that when he came
treatment, I supplied him with a convenient splint
purpose of keeping the joint perfectly steady. Th
is not without a certain kind of interest and instr
Uncured.

R. M., a boy aged 11. Four years since was tos
a bullock, and much frightened; ever since that ti
has voided urine during sleep. He suffers from he
and pain in the stomach; often feels cold and sic
looks pale and sweats much; has some pain in the l
of the bowels, and at times vomits; has a little
He took *nux vom.* at night and *sulphur* of a mornin
was rapidly cured. Cure.

A. M., a girl, aged 16. Caries of vertebræ, and
mous accumulation of matter pointing in the
Would not consent to have the matter let out.

H. K., a boy aged 11, about twelve months sinc
hurt by a horse. He was bruised on the right ar
under the left nipple; since that time he has been s
to strumous abscesses. At present he has a
running down to the seventh rib, discharging a thi
curdy fluid. There is also an abscess forming just
centre of the right clavicle, and another about two
anterior to the sinus; both of these were allowed

A CALENDAR OF CASES.

charge themselves without the aid of the lancet, and during two months he took *hepar*, *calc. c.*, and *silicea*, as they seemed to be indicated. The diseased parts cicatrized and closed in a satisfactory manner. Cure. He continues quite well this January 14th, 1863.

R. A., aged 24. This man complained of weakness, loss of appetite, and pain in the bowels, but more especially of a frequent desire to evacuate the bowels, with inability to make any effort to relieve himself. He took *opium* with entire relief. Cure.

D. I., a little boy, aged 3 years. Six months since he fell from a piece of wood and received a hurt on the back. He did not seem to recover from the shock, and if placed on his feet, he would get down to his knees. At present he is able to walk slowly, his chin being projected and the head carefully balanced. He complains of pains in his chest; the respiration is jerking; there is angular curvature between fifth and sixth cervical vertebræ: He has remained under treatment during the whole of the year 1862, and taking *arnica*, *calc. carb.*, *silicea*. At times he has appeared to be much better; at other times is extremely weak and languid. He lies in his couch, amusing himself with books and pictures. May recover. Uncured.

J. T., a fisherman, aged 62. Five months since had been on a fishing expedition, and caught a severe cold. Had great difficulty of breathing and a sense of suffocation, a violent cough, and spat some clotted blood. Was attended by a doctor for five weeks, but did not get any better. Much pain and weakness were then felt in stomach and left side; heart weak and quivering, and can hardly fetch breath; pants much when walking; appetite pretty good, and bowels regular; states that three years since also he had inflammation of lungs. Stethoscope discovered loud sonorous râles through the whole of right lung; left

A CALENDAR OF CASES.

lung much diseased throughout from neglected pleuro-pneumonia, and most probably tubercular infiltration; marked friction-sound during expiration; moist crepitations very generally; here and there bronchial râles, whistling and piping. He is rapidly losing flesh, and sweats profusely at night. He took *phos.*, *merc. sol.*, *arsenicum*, but went on from bad to worse, occasionally spitting blood, and gradually sank. Died.

J. T., a young man, aged 22. Has never had rheumatism, but has worked in wet mines. Has suffered much for three years from palpitation of the heart. There is a blowing sound on left side of the heart's apex, caused by some disease of the mitral valves; the semilunar valves are in a state of integrity. He was somewhat relieved by *spigelia*. Relieved.

M. N., a woman, aged 30. Has varicose veins in left leg, the surrounding skin much inflamed; superficial wounds. She was advised to use a compound of butter, aquafortis, and mercury! which seemed to burn out the matter; but as fast as it was burnt out it formed again. A weak *calendula* lotion, and the administration of *nux vom.* at night and *sulphur* of a morning, rendered an important service, and induced as favourable a change in the diseased parts as they admitted of. Relieved.

R. K., a youth, aged 14. Had felt unwell for a few days, when he became covered over the whole of the abdomen and legs with hepatic spots; these had almost the appearance of measles, were of a livid tint, and raised above the surface. The eruption had almost the appearance of purpura hæmorrhagica; it was, in fact, an anomalous efflorescence. I have never seen anything of the kind in the course of practice. He took *sulphur*, followed by *arsenicum*, and in about ten days the eruption had disappeared. Cure.

(*To be continued.*)

A CONFESSION AND A HINT.

By A. C. Pope, Esq., York.

In the *Lancet* for March 21st, a case of laryngitis is reported, in which tracheotomy was twice performed successfully by Mr. Broke Gallwey, Staff-Surgeon-Major. The patient was a sergeant of robust frame and powerful *physique*, in whom the usual symptoms of acute laryngitis were well marked. The treatment was commenced with active purging, linseed-meal poultices to the throat, and hot barley-water gargle. In three days, a severe paroxysm of dyspnœa with convulsive coughing ensued, which was relieved by the removal of a piece of yellowish and consistent lymph, nearly an inch square, from the neighbourhood of the epiglottis. He was then ordered 2 grains of calomel, with a quarter of a grain of opium, every four hours; mercurial inunction into the axillæ and groins; sinapisms to the throat; the bowels to be kept loose. A succession of paroxysms of dyspnœa following the one just named, tracheotomy was resorted to. The mercurial action meanwhile was pressed until affording evidence of its influence in the mouth, and the patient was well supported the while. The tube was worn for a month, without any inconvenience; and three weeks afterwards, the wound being healed, and the patient anxious to return to duty, he was discharged. Ten days afterwards, he presented himself at the hospital, suffering from a subacute attack of the same disease. Tracheotomy was again performed, on the site of the original operation. He was subjected to another mercurial course, in the form of very minute doses of corrosive sublimate in combination with decoction of cinchona, assisted by local counter-irritation and confinement in an artificial and strictly regulated atmosphere. Month after month rolled on without any diminution in the hoarseness of the voice and roughness of breathing, while he was unable to endure even the

momentary withdrawal of the tube. He was removed to the Channel Islands, but still cann the tube.

The case is reported to show the value of Mr. Gallwey fears that some may consider treatment to have been of too expectant a cl as an apology for only purging the poor fellc mercurializing him twice—for having omitte and leeching, and for having denied him th being further depressed by antimony, he sa sider we have so little proof of the beneficia loss of blood, of mercury, and of antimon conditions of mucous membrane (aye even of bronchitis), that I did not even entertain the at all in the sergeant's case, and only sanction during the acute stage, in compliance with notions of the day, and, indeed, for want of more apparent resource under circumstances these, so unsettled have the notions of some in relation to the *antiquas vias* of our art. A pressed for an exposition of my own article relation to the treatment of such cases, I shou to confess that I know of no established guide us in the management of laryngitis, pericarditis, and I fear of a host of other seric in reference to the proper management of admit myself to be entirely at sea, since the bleeding, of mercury and of starving began tc upon our reason."

A truer, more honest, and at the sam lamentable confession of the exact position medicine in relation to acute disease of a rapidly advancing character, it would be diffi Mercurialism with all its pernicious conseq constitution is prescribed, not on account of a

an experienced medical officer has previously met with from it, but "in compliance with the orthodox notions of the day," and because he doesn't know any better! The treatment of laryngitis and other acute inflammations is admitted to be simply gross empiricism—that is to say, without any "established principles" to dictate it. Is this one of the results of the accumulated experience of two thousand years that we are eternally hearing about? If Mr. Gallwey is anxious to learn some "better and more apparent resource" than he can find in "orthodox notions," let him betake himself to the practical-clinical-study of homœopathy, and let him begin to apply the LAW in those cases where, since he has lost faith in the virtues of mercury, blood-letting and starving, he is now "entirely at sea," and we promise him that, like many others who have been in his position and have acted on our suggestion, he will not be disappointed. At any rate, he cannot be worse off than he is; and we have the fullest confidence that with the homœopathic law for his guide, and "proved" drugs for his agents, he will practise his profession with far greater pleasure to himself, and infinitely greater advantage to his patients.

THE FRENCH ACADEMY AND EXPECTANT MEDICINE.

LAST year the French Academy offered its prize for the best *mémoire* on the treatment of pneumonia by the "expectant method."

Homœopathists waited with much interest for the issue of an examination so important in its bearings upon the credit of the system of medicine with which they are identified. They have, however, waited in vain; for the Academy has just withdrawn the question, and no prize is to be awarded.

How is this? During the time that the question was

THE FRENCH ACADEMY AND EXPECTANT MEDICINE.

open and the prize in view, internes and externes—pupil and professors—were anxiously looking forward to th distinctive honours of the Academy—and pneumonia, fo the time, was freed from blisters, bleeding, or massiv doses of tartarized antimony, and the poor patient wa most kindly left to the recuperative offices of Dam Nature.

Where is the *mémoire?*—where the prize? Withou the slightest doubt, the Academy hoped to prove, throug the candidature for its honours, that the "expectan method" would at least equal in its results those of th hated homœopathic treatment; and that therefore th world would at length know, on the authority of statistic that the patient of the Hahnemannian physician recovered if haply he did recover, not by the help of medicine, bu through the natural tendency of pneumonia to recovery- that, in fact, the expectant or do-nothing system an homœopathy were identical.

If such were the hopes of the members of the Academy they have doubtless been sadly frustrated; for, as w have before said, the question is withdrawn.

There is a circumstance, however, which, occurring s it has done, during the time that it was supposed th Academy's prize was still attainable, is of great signi cance: we allude to the great mortality from pneumon in the French hospitals during the past winter. We fin on the authority of two medical journals (*La Gazette d Hôpitaux* and *Le Bulletin de la Société des Hôpitaux* that in December 1862, "one hundred cases of pneumon were in the hospitals of Paris; of these, 61 died. Amor children the mortality amounted to one-half; among o people, to two-thirds." As this is much above the averag mortality in pneumonia, among the French hospitals, w naturally ask how far it is to be ascribed to experimen on the "let alone" system? It is the duty of the Frenc

Academy to allow the results to be published. We homœopathists do not fear them; but we strongly suspect that the belief in the "benignant disposition of pneumonia," and its "natural tendency to a cure," of which "expectants" have said so much, has received a heavy blow.

THE GIGANTIC GOOSEBERRY, ONCE MORE.

GOOSEBERRIES are early this year; and the penny-a-liners of the medical press have had the great luck to find one of the old monster species—perhaps, if anything, larger than ever.

It is the *Medical Times* (April 4th) which has the credit of announcing this great event, under the title of "Homœopathic Anecdote."

"The late Baron Seutin of Brussels, so runs the anecdote, took it into his head to experiment with homœopathic remedies, and having procured a complete collection, gave them in charge of one of his *internes* at the hospital. The *interne* assembled his assistants in solemn conclave, in the evening, having provided himself with a large tumbler. Every phial of homœopathic remedies was emptied into the tumbler, and then filled up with distilled water. The operation completed, the *interne* drinking a toast to the god Hahnemann and his prophets, drank off the whole collection, just as if it had been so much sugar and water. Seutin, next day, commenced his treatment with the substituted distilled water, and all the affections, capable of getting well, progressed under its administration very satisfactorily. As to the *interne*, at first he felt no ill consequence from his bold adventure. Still homœopathy was doing its offices, and the longer he lived the more did the dilutions increase, and the greater was their energy. The case thus becoming serious, and not wishing to attain the laurels of Methuselah, he resorted to energetic procedures, against which, strange to say, the globules were powerless. Joking apart, this lesson was of use to more

THE GIGANTIC GOOSEBERRY, ONCE MORE.

than one; and Baron Seutin, informed afterwards of what had occurred, evinced hereafter considerably less enthusiasm with respect to mystical remedies."

This penny-a-liner's anecdote has appeared, time after time, during the past few years, varying prudently its characters and scenery. It was cultivated first, we believe, by Dr. Simpson of Edinbro', and has ever since been the big gooseberry of the medical press.

Now, even if the anecdote, as related in the *Medical Times* of April 4th, were really true, how does it militate against the truth of the homœopathic law, or the curative efficacy of homœopathic medicines?

We do not pretend that our medicines, even in quantities, ever act as poisons; and especially when a number of phials, each containing a distinct medicine, are emptied into one tumbler, the antidotal influences are sufficient to prevent any curative or pathogenetic effects. Does not the *Medical Times*, for instance, know that *belladonna* has recently been found to be the antidote to *opium*, in poisonous doses? This is only one example out of many.

We, however, repeat that our medicines are so prepared as to have only a curative, and not a poisonous action, on the system. The *Lancet* (March 21st) recommends non-perturbative doses; and we have long adopted such treatment. Let not our opponents, however, assume that because our medicines are tasteless, or may be taken in quantities, without poisonous results, they are necessarily inert. Hear what Pereira says (*Mat. Med.* vol. ii. p. 1171, part 1): "Many practitioners have doubted or denied the remedial activity of sarsaparilla, on what it must be admitted are very plausible grounds, viz., that the root possesses very little taste and no smell; and that by the ordinary mode of using it, it produces very slight, if any, obvious effects on the animal economy; and that it has failed in their hands to relieve or cure diseases in which

THE GIGANTIC GOOSEBERRY, ONCE MORE.

rs have asserted they found it effectual. . . . . They , therefore, disposed to refer any improvement of a ient's health, under the long-continued use of sarsarilla, either to natural changes in the constitution, or to e influence of the remedial means with which the sarsarilla was conjoined. But I would observe, that hitherto o experiments have been made to ascertain what effects ne long-continued employment of sarsaparilla may give ise to in the system of a healthy man [Dr. Pereira ignores he laborious provings of the homœopathists.—Ed. *H. R.*]; *and we are not warranted in assuming that none would result, because none are observable from the employment of a few doses. Moreover, it is to be remembered that some of our most powerful poisons prove the most efficacious remedies when given in such small doses that they excite no other obvious effects on the system than the removal of morbid symptoms. Witness the beneficial influence of the minute doses of arsenious acid in lepra.*"

All that the allopathic authority Pereira has said of *sarsaparilla*, may fairly be applied to our preparations. Let Baron Seutin's *interne* "put that in his tumbler, and drink it."

The patients, we are told, progressed well, however, under the influence of the water alone. Let it be so;—but how does this tell against homœopathy, any more than against allopathy? If patients can get well upon cold water alone, it proves that all medicines, whether homœopathic or allopathic, are unnecessary; and so far, the wonderful anecdote cuts equally both ways. But it also proves how much more vicious than homœopathy must be that system which unnecessarily gives *nauseous and injurious drugs in large quantities, and that torments its victims by cruel applications!*

We should not have taken the trouble to refer to the stupid slander in the *Medical Times*, were it not that new

HOMŒOPATHY IN DRESDEN.

converts to homœopathy, unread in the literatur system, require some aid in repelling statements with an air of medical authority.

HOMŒOPATHY IN DRESDEN.

THE following letter, addressed to the editor of *Public* 21st March, is worthy of notice :—

"Sir,—In the impression of your valuable paper, p Feb. 21st, appeared a dastardly and calumnious lette 'N.,' which stated 'that whereas, some twenty years a were seven homœopathic doctors in Dresden, I could autumn of only three, and was assured that in the las years not one new homœopathic practitioner had set city, though its wealth and population both rapidly Well, sir, when I read this I rather doubted it, and as man of 'uprightness of character,' a homœopathic pr —which 'N.' says *he* does not—and as my friend r Dresden, I wrote to him, and I send you extracts from to my letter :—

"'A great many of the English inhabitants of Dres true, are opposed to our system, but this has been always; almost the same number are friends of homœ before, as the list of patients proves.' . . . . 'It may be that formerly a still greater number adhered to homœop that is only accidentally, because the former English am Mr. Forbes, was a patient of ours.' . . . . 'All our c are treating English families.' . . . . 'It is *not* true number of homœopathic practitioners has been redu *seven* to *three*. Some years ago there were *eleven*. Si have occurred the deaths of Dr. Wolf, Dr. Schwarze, Lehman. Two young physicians, the sons of Dr. W Dr. Schwarze succeeded; so that now there are Trinks, Elb, Gerson, Lendner, Weppler, Helbig, S Wolf, Hirschel (physician to the hospital), and the Schnapzrouf. All of these are greatly occupied prac

well amongst the highest classes of society, as amongst the lower. Five of us drive our carriages, which is here, in Dresden, a sign of good quality and reputation.' . . . . 'It is *not* true, either, that homœopathy is sinking in Germany' (which 'N.' says it is). 'There may be about 500 homœopathic practitioners in German countries, a number which would be full greater if the modern school had not spread a strict system of scepticism and nihilism about therapeutics, and if the want of clinical instruction did not prohibit the propagation of the new system amongst students.' . . . . 'I tell you, my dear sir, that I had been an allopathic practitioner six years, before I was convinced of the truth of homœopathy, but that I never would return to the former state of practising for all the treasures of the world.

" 'Believe me yours, sincere and grateful,

" 'DR. HIRSCHEL.'

"Hoping you will find room for this note, and that you will continue to keep open your columns for the ventilation of this question,

"I am, Sir, yours respectfully,

"E. BUTTERWORTH.

"Cheetham, Manchester."

A NEW ZEALAND SPECIFIC FOR MANIA.

Communicated by FRED. SMITH, Esq., Penzance.

I CANNOT say that I am acquainted with many persons of education in the British Colonies; but I have sent out several very intelligent men of high character, in the hope of advancing their interest and that of the people amongst whom they may settle; and I make a point of supplying them with works on homœopathy, and medicines, desiring them at the same time to ascertain if any *specifics* are used by the natives with whom they may come in contact. The following extract from a letter, just received, will probably be interesting to your readers:—"Otago, New Zealand, February 16, 1863. I have made all the inquiries that circumstances would admit, and I find that the natives are practical homœopathists. To give you an instance: There is a herb growing here in great abundance, called Tutee. It is the

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only poisonous herb I have met with. It grows amongst grass and beans, and bears a fruit not unlike the black cur which is very tempting. Several deaths have occurred fro both of adults and children, since our arrival (October 18 and newly-imported cattle often eat it and die. Human bei after partaking of it, become *insane*, and cattle become *mad*, will rush at any passer-by. *The natives use this medicall what are called here crankey or insane persons.* As to the qua used for this purpose, I cannot tell you; but they use eithe *fruit* or the young shoots, as the season may be. This info tion I obtained from Dr. Purdie."

Perhaps an appeal to Dr. Purdie may induce him to fa us with a paper on this subject, and with a supply of the dr

HOMŒOPATHIC COLLEGE AT DETROIT.

We read in the *Louisville Independent*, that at a special mee of the Michigan Homœopathic Institute, at Lansing, on the inst., a homœopathic College was organized, to be locate Detroit. Among the Professors appointed by the Institute Dr. E. M. Hale of this place, to the chair of Theory Practice, Dr. I. M. Long, of Coldwater, to the chair of Anato and Hon. W. T. Howell, formerly of this place, as Lecture Medical Jurisprudence.

It is doubtful if Dr. Hale will accept the position tend him, as superior inducements are held out to him in Chic He has concluded to remain in practice here until March 1s

DISPENSARY REPORTS.

EXETER HOMŒOPATHIC DISPENSARY.

Medical Officer—Boughton Kingdon, Esq.
Secretary and Dispenser—Mr. J. M. Rendall.

Medical Officer's Report.

Number of patients admitted from January 1, 1862, to January 1, 1863 .....
Remaining on the books from former year .....

DISPENSARY REPORTS.

	1861.		1862.
Cured	380		249
Improved			254
No report	87		60
No change	64		43
Dead	4		1
Remaining on the books	66		57
	601		664

Signed, BOUGHTON KINGDON.

At the Fourteenth Annual Meeting of the above Institution, held March 20th, 1863, the Hon. and Rev. Henry Hugh Courtenay in the chair; the Reports of the Treasurer and Medical Officer for the year 1862 were read and received.

"The Committee have again much pleasure in presenting this their Fourteenth Annual Report to the subscribers and friends of the Exeter Homœopathic Dispensary.

"They notice with great satisfaction the continued and increasing benefits which this Institution confers. It will be seen by the Medical Officer's Report that there is an accession in the number of cases treated during the past year, and it is a gratifying fact that at least one-third of the patients admitted were trying the system for the first time, and we may, therefore, consider nearly the whole of that number among our converts, as in almost every instance testimony was given of their preference for homœopathy.

"It will be noticed that 60 have not given any report of themselves; of this number we may fairly infer, from the nature of their complaints, that at least two-thirds were cured, and that finding no further necessity for attendance, they neglected to report themselves.

"Then again, of the 503 patients reported as cured and improved, the smaller number of cures compared with those who were only improved by treatment, is accounted for by the fact that a large number were chronic cases, in which a cure is often the work of some years, while many of them were really incurable cases, which had been under treatment in the allopathic hospital and dispensary, who had fled to homœopathy as a last resort,

and while a cure was not to be expected, yet considerable benefit was received.

"The Committee notice with pleasure the names of several new subscribers during the year, while they regret that the names of others are absent through the usual causes of death and removal to other places, and they feel that to maintain this Institution in its full vigour and efficiency, they need a continuance and *increase* of the support so liberally rendered in the past by the friends of homœopathy, and they earnestly solicit those in this city and neighbourhood, who are favourable to its advancement, who have hitherto held aloof, to come forward and give them their countenance and support."

BRIGHTON HOMŒOPATHIC DISPENSARY.

Medical Officers—H. R. Madden, Esq., M.D., L.R.C.S.E.
Dr. Richard Hughes, L.R.C.P., and M.R.C.S.L.
Secretary—Capt. Henry James, R.N.
Chemist—John Ockenden, 6, Prince Albert Street.

Number of patients attending during the quarter ending March, 1863:—

January	6[illegible]
February	5[illegible]
March	6[illegible]
Total	18[illegible]

Visited during the quarter at their own homes, 681

Number of patients attending	18[illegible]
Paying 1s. a month	5[illegible]
Admitted on Subscriber's recommendation	[illegible]
Visited at their own homes	6[illegible]

At a meeting held at No. 6 Prince Albert Street, January 2[illegible] 1863, to take into consideration the present position and prospects of the Dispensary, it was resolved that an effort should be made to commend its claim, as a charitable institution, to the residents and visitors of Brighton.

The Brighton Homœopathic Dispensary has been established for fifteen years, during which time many thousands of the sick

DISPENSARY REPORTS.

poor have been relieved by its medical officers. The average number of patients entered annually upon its books, during the last four years, has been 1550. In the last year, the number who received advice was 1669, and the medical officers paid 4504 visits, besides affording at the Dispensary 8193 consultations.

A Western Branch has just been opened at 7, Osborne Street, Cliftonville, for the benefit of the sick poor residing in that district.

It has been desired to render the Dispensary, as far as possible, self-supporting; and the Committee have hitherto refrained from pressing its claims upon the public at large. Since, however, it affords the only means whereby the sick poor can obtain the benefit of homœopathic treatment, the Committee are desirous of extending its operations to the poorer class of the population. They can only do this by receiving donations and subscriptions from the friends of homœopathy, and they earnestly request that all who have derived benefit from homœopathic treatment will give pecuniary assistance to further this object.

Contributions will be thankfully received by Mr. Ockenden, at the Dispensary, 6, Prince Albert Street, and by the Members of the Committee; from whom also every information can be obtained.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayner, Dr. Drummond, Mr. Blackley, and Mr. Howden.—Mr. Calvert, House Surgeon.

President—Joseph Heron, Esq.
Treasurer—P. F. Willert, Esq.
Secretary—Arthur Neild, Esq.
Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of March	1470
Paying 1s. and 1s. 6d. per month	253
Admitted on Subscriber's recommendation	35
Visited during the month at their own homes	211

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c
Evan Fraser, Esq., L.R.C.S. Edin.

Treasurer—John Skilbeck, Esq.

Honorary Secretary—John L. Seaton, Esq.

Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of February	598
Paying 1s. 6d. per month	541
Admitted on Subscriber's recommendation	147
Discharged cured	54
Relieved	3
Ceased attending; result unknown	31
Still under treatment	242

Number of patients attending during the month of March	642
Paying 1s. 6d. per month	471
Admitted on Subscriber's recommendation	171
Discharged cured	33
Relieved	11
Ceased attending; result unknown	26
Still under treatment	249

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Physicians—Dr. Drysdale, Dr. Wright, Dr. Roche, Dr. Hayward, Dr. Blumberg.

Surgeons—J. Moore, Esq., J. Gelston, Esq., T. H. Willans, Esq., — Hudson, Esq.

House Surgeon—T. D'Orville Partridge, Esq.

Honorary Dentist—Mr. Quinby.

The number of patients prescribed for at this Institution during the month of March was as follows:—

New patients	602
Old ,,	2107
Total	2709
The number of visits paid	1413
The number of new patients visited	2807

THE MONTHLY

HOMŒOPATHIC REVIEW.

REMARKS ON THE PAST HISTORY, THE PRESENT CONDITION, AND FUTURE PROSPECTS OF HOMŒOPATHY.

An Address delivered before the Members of the Northern Homœopathic Medical Association, at Leeds, May 8th.

By Dr. Dunn,

President of the Association, Physician to St. James's Hospital, Doncaster.

Gentlemen,—Before proceeding to the formal business of this meeting, I will avail myself of the position in which your kindness has placed me, to address to you a few remarks on the past history, the present condition, and the future prospects of Homœopathy.

Many of us remember how, in bygone years, those were treated, who openly and fearlessly embraced the great law of healing, developed and practised by our revered master, Samuel Hahnemann. We can but too well recollect with what contempt our allopathic colleagues spoke of us, how they shunned our society, with what unanimity they "sent us to Coventry," and would, if their desires were truly represented by *The Lancet*, have consigned us to the gallows! This very *Lancet*, and indeed all the medical journals, exhausted the exist-

ing supply of opprobrious epithets, and invented new ones, when writing of homœopathic practitioners, and of the system of therapeutics which they defended.

Neither can we forget how university professors and hospital lecturers, in their opening addresses to the rising generation of medical students, waxed warm in the abuse of that which they did not comprehend, and which they refused to investigate; endeavouring to instil into the minds of ardent youths (but too prone to be prejudiced) that hatred of Homœopathy which they felt themselves; teaching, in the middle of the nineteenth century, the most narrow and unreasoning sectarianism; bringing no argument to bear on a subject so important as a method of curing disease; but, on the contrary, declaiming against it in language of the coarsest kind, and betraying *sentiments of the lowest order!*

How unfit did these men thus show themselves for the positions they occupied! How ill-qualified were such as they to investigate therapeutic truths! What should we think of a native of China, who, when told of ships sailing against wind and tide, and of coaches running sixty miles an hour without horses, should not only flatly refuse to believe such statements, but equally decline to observe for himself the accomplishment of the facts of which we spoke? We should unanimously declare such an one to be not only ignorant, but grievously prejudiced, and utterly unfit to be a teacher of youth. Yet this is the manner in which our great men of physic have acted towards Homœopathy! They have condemned what they would not investigate. They have done so, too, at a time when, in all directions, they have expressed their dissatisfaction with their own ever changing modes of treatment! Surely the homœopathic system of medicine, which commends itself as much by the soundness of its theory, as by the beauty of its practice, and which, more-

REMARKS ON HOMŒOPATHY.

over, has been studied and embraced by some of the soundest logicians of this or any other age, demands from men, clothed with the responsibility pertaining to hospital appointments, that they should carefully study and impartially test its truth and value.

When we examine the methods in which medicine is now taught and practised, even by those who refuse to admit the truth of our system, we cannot but be struck by the vast strides with which professors and teachers are advancing towards a mode of treatment, which must lead them to acknowledge that *Similia Similibus Curentur* is *the* law of healing, *the* guide to the selection of medicines for the cure of disease! However, like mariners, approaching a haven in a dense fog, they carefully take soundings as they glide towards us, and try, by attaching high sounding epithets to their therapeutic theories, to create an impression that it is not Homœopathy, but something else, that is the true *law of healing*. Thus, recently we have been edified by a course of lectures, by a celebrated physician, Dr. Chambers, on what is termed *The Renewal of Life;* but if you have read this work, as doubtless you have, you must be puzzled to know how the author "renews" life: for, whilst he decries the more heroic practices of bleeding, blistering, and the administration of evacuants, he has merely substituted a milder system, based on the use of the same expedients. Another no less famous teacher tries his hand at specifics; whilst a third, apparently in despair, gives up the use of ordinary drugs altogether, and plies his patients with the scarcely less dangerous, though more seductive, alcohol; recommending its employment in all diseases, whether of a sthenic or of an asthenic type.

Such is the course of events in England. If we turn our observation to Edinburgh, we witness a like confusion. There, Laycock, Simpson, and Bennett proclaim the most

opposite theories, and, unfortunately, in a manner that might be amusing on the stage of a theatre, but is miserably out of place, and a grievous scandal, in a class room. In the midst of the Edinburgh school, however, stands Henderson, like the Eddystone lighthouse, to guide those who otherwise would have to scud, helplessly, in such a sea of doubt; nor need we be surprised to find that numbers have been first led to study Homœopathy by the contradictory teachings of the professors to whom their education has been entrusted.

Cannot we, I would ask, plainly perceive our medical brethren advancing towards the promised land? I, for one, am sanguine enough to believe that, within a very brief period, many a professor, or teacher, of the practice of medicine, will have the courage, and the honesty, to stand forth and acknowledge that the law of therapeutics, as taught by Hahnemann, is the only safe guide at the bedside of the sick. We, therefore, who have stood in the first ranks of the army of pioneers, may justly feel some pride in the position which we and our cause now occupy. In lieu of being pitied, as people demented, we are envied; and, though the value of our practice is still faintly denied in words, in deeds, we daily witness an approach towards it. In every rank of life, Homœopathy is the popular and widely prevailing treatment. We find it in the palace of our enlightened Queen; we meet with it in the mansions of the nobility; it is adopted by the ministers of every religious denomination; men distinguished in every branch of learning and of science are its advocates; it sheds its benign and health restoring influences in the cottages of the poor; and will (let us devoutly pray that it may be soon) be the universal treatment of disease in these Islands.

Am I not warranted in taking this sanguine view, when I reflect on what has been accomplished in a few short

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years? What has been the course of events, so far, in relation to Homœopathy? It is not yet fifty years since our highly gifted master first felt his way in the great field of discovery upon which he had entered; advancing, step by step, with a caution and circumspection so much needed in a question affecting life and death. It is less than forty years since Homœopathy was first introduced into this country by an Italian physician, Dr. Romain, who accompanied the Earl and Countess of Shrewsbury to Alton Towers; then followed Belluomini, and another Italian, whose name escapes me at the moment; then arrived Dr. Quin, the President of the British Homœopathic Society, the first to stand boldly forth from the allopathic ranks, and proclaim himself a disciple of Hahnemann. Epps, Curie, Dunsford, Trotman, Drysdale, Dudgeon, Chapman, Henderson, and a worthy phalanx soon joined in the good work. Our numbers are now to be reckoned by hundreds, and are daily increasing; and there is scarcely a family in the land, with any pretension to enlightenment, that does not know something of the homœopathic method of treatment. If our allopathic brethren do not join us, we deplore it; our search is for truth, and in this we invite their co-operation; we ask them to study, to discuss, or, at any rate, to witness the practice of this thing which they have heard so much abused. *We* say it is true, *we know* it is true; *they* say it is false, but they make this assertion without enquiry, and therefore without reason. We seek investigation by them; we challenge them to point out wherein the old practice is superior to the new. We require no more.

Even the allopathic teacher, Dr. Chambers, himself, admits that we have a right to demand a trial and investigation of our adopted system. At page 6 of the work already alluded to (*The Renewal of Life*), he says:—

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"A good deal of time and paper is often wasted in denou and deriding the practice of Homœopathy. Denunciation argument, and the subject of human life is too serious for ric In my opinion the promulgator of such a doctrine, profess base it upon experiments, could logically demand that tl periments on which he based it should be tried. When a road has been found wrong, it is quite rational to try the site one in the first instance. Nothing is easier than to d by taking an agent whose beneficial effects in cutting sl disease are obvious, and trying whether in excess it will pr that disease artificially. Quinine, for example, is easily p to stop ague; it is quite safe to take it in consecutive grain till its pathogenetic effects are produced, and to compare pathogenetic effects with the well-known phenomena c malady. Again, we frequently have under our care ca arsenical poisoning with malicious intent; and sometimes doses of Fowler's solution are given therapeutically; the toms are very readily observed, noted, and compared with of Psoriasis, which *arsenic* cures. Small quantities of *iron* anæmia; we often by accident continue our doses too long we sometimes by mistake give *iron* to patients who do not r it, and in whom it produces morbid phenomena; nothing is easy than to note if they at all resemble anæmia. The also of infinitesimal doses may be tried upon malingerer "hospital birds," who occasionally sneak into our wards, or convalescents and many other patients to whom we should wise have administered no medicine. Very minute quanti *digitalis* or saltpetre ought to diminish the daily secreti urine; very few doses of *colocynth* diminish the daily weig fæces; and so on. These experiments, however, are n easily performed as the others, nor so convincing. And it to be established as a rule, that objective phenomena, rather than subjective, are to be taken as tests, and that all thing to be "delivered in number and weight," according to the advice of the Son of Sirach. For instance, when we are ex ing the action of *quinine*, the changes of temperature mu estimated by the thermometer, the changes of the urine i

laboratory, the action on the skin by the amount of perspiration. And we must not waste our time in performing as tests experiments which do not admit of physical proof. Above all things avoid prejudice and scepticism. Consider it your duty *nullius jurare in verba magistri*, to be quite free of all rules, systems, and hero worship; to try for yourselves the experiments (they are very few) on which dogmata have been based, to test the results intelligently, and then to believe in them firmly."

These are remarkable words, coming from an allopathic teacher, and will assist essentially in the removal of that heap of rubbish which has, in years past, been so assiduously piled up to prevent the student's enquiry.

Parliament has not failed to give us honourable mention; and has acknowledged our professional status in placing us on the same footing with our allopathic brethren, and rendering us legally eligible for all appointments and every mark of honour attainable by medical men. Thus another barrier to our advancement has been removed. Am I not right then in concluding that ere long Homœopathy will be the dominant, or, at any rate, if not the dominant, the general practice of all sound thinkers? Far better would it be for our friends in the allopathic ranks to look it boldly in the face, before the *sauve qui peut* is resounding through their thinned and vacillating columns. It must come, for, *magna est veritas et prevalebit.*

One word, in conclusion, regarding our Association. I am delighted to see so many fresh faces here to-day. These periodical meetings are intended, and are likewise well calculated, to enlarge our knowledge, to extend our sympathies, to cement our friendship, to abolish jealousies, to foster kindly feelings, to enable us to profit by each other's experience, and to show to our allopathic brethren that we are something in the commonwealth of medicine. We do not meet in secret, but in open day; we have no

nostrums to advertise; all our transactions are undisguised. We seek extended knowledge, and are anxiously desirous to reap from the yet hidden stores of nature. There is much for us yet to do; the development of our system is not complete, though the law, its basis, is itself perfect. New remedies will be discovered, and old ones better administered. As long as men are finite, there will be discoveries to make, work for intelligence to accomplish, maladies to heal. By all who love and honour the profession of physic, every little grain added to our common store of knowledge is hailed with delight.

THE DEFENCE OF HEMPEL'S APOLOGIST [DR. COCKBURN] ANALYSED.

By Mr. D. Wilson.

Notwithstanding Dr. Fenton Cameron's admirable Comment on Dr. Cockburn's *paper*, in the last number of the *Homœopathic Review*, the most reprehensible part of *it* remains to be exposed. I shall not shrink from the task of prosecuting the truth and laying bare errors wherever I discover them. Neither my sense of justice nor my "generosity" dispose me to falsify the one or to wink at the other; having no other interests to serve but those of Truth and Honesty. I have no sympathy with mock Science and Mongrel Homœopathy. In answer to a remark specially applied to myself in Dr. Cockburn's paper, I have nothing to "withdraw," but much to add. When that gentleman does me the honour to quote my articles, however, I beg that they may be compared with my critic's version of them, to ascertain whether I have really said what has been imputed to me. Where and when did I write, for example, that "eleven years ago Bönninghausen gave Dr. [Mr.] Wilson to understand that Hempel's translation was imperfect," etc.? I never said

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anything of the sort, but wrote, Bönninghausen "*cautioned me against depending upon any other Editions of Materia Medica than those of Hahnemann, in German.*" If my critic had been conversant with Bönninghausen's writings, he would have known to whom that sage old man especially referred. When my critic endeavours to fix upon me the charge of having said that my colleagues were practising under "false pretences," I beg to say this is incorrect; although were I to credit all that has been reported to me of their practice, I should have strong grounds of indictment against not a few. I wrote: "They [our Master's treasures] deserve more respectful study and a nobler recognition than that which seems to be accorded them at the present day by too many, who—falsely I fear—*consider* themselves practising under the BANNER OF HAHNEMANN." Does this language bear such an interpretation as my critic chooses to put upon it? Let me, nevertheless, be understood on this head—as I repeat there is nothing to retract, but *much* to add—I most deliberately and distinctly repudiate entirely *the greater portion* of the practice which I see recorded as Homœopathy. It has no resemblance whatever to the Homœopathy of Hahnemann, nor in the ORGANON of that Great Man have I discovered any rules for such practice. In numerous instances it is neither more nor less than a species of modified Allopathy with *even* its polypharmacy and *doses*. Does my critic not *consider* this to be *false* or *erroneous* practice when tested by the light of Hahnemann? I forbear noticing matters that are personal and irrevelant, but if those who are anxious to sift the truth will carefully compare what I have written, with the colouring and misrepresentations of my critic, they will soon discover that there is ample ground to travel over, were I disposed to waste my time in recrimination. The matter next under notice is of too serious and important a character, however, to be passed

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over lightly, and I am bound to add that it has impress me more strongly than ever with the necessity of taki nothing upon trust, but to examine every man's litera work most carefully before venturing to accept it as tru I have adopted this course for many years, and consid able experience has justified my caution. There are so people so organically constituted that they CANNOT accurate in anything. This is an infirmity which, whet arising from the mental comprehension being *lim* and *obtuse*, or from other causes, renders such pers very dangerous subjects when they venture to dabble truths affecting the interests of mankind generally. critic writes: "Can any one in his sober senses say t Hempel has *entirely omitted* all these symptoms charg against him by Dr. Wilson? I cannot believe it!" Th he proceeds to state why he entertains his doubt. By most monstrous and false assumption he argues th Hempel's omissions are not so in reality, and that he differs from me merely in the freedom allowed to different translators. Very well. This point can soon be settled by bringing Hempel and his Apologist face to face before the public as the JURY, with HAHNEMANN for a *witness*. My critic says: "At present, I shall assume that Wilson's translation is correct, and *not compare it with the German*." [The italics are mine.] I now challenge my critic, however, to make the comparison, and in case his volume of the German text should not be at hand, I will transcribe the entire German paragraphs,—through which are scattered my critic's abridged list of illustration—from Hahnemann's *Ch. Kr.*, Vol. V.., to an extent sufficient to prove that, in the thirty-two paragraphs—being between a *ninth* and *tenth part* of the whole—Hempel has not only been guilty of the omissions and blunders with which he stands convicted, but his APOLOGIST has made him appear more at fault than he really is.

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Where Hempel has given a full and perfect translation of the original, his Apologist, my critic, in order to make matters seemingly fit and, in his weak imagining, to overwhelm me with confusion, has absolutely shorn and abridged Hempel wholesale. In the interests of humanity it is to be hoped that such free lances of the Press, as my critic seems to be, do not take like liberties with the language of disease when it comes before them. Let us now examine this curious *piece* of literary cobbling, with all its little patchings and clippings. I must begin with symptom 158 of the German, as that is the first in this *patch-work* which is forced into the service of my critic :—

158 Weisslich belegte Zunge, früh, bei richtigem Geschmacke.
Schwämmchen auf der Zunge und am Gaumen.
160 Schleimiger Mund, früh.
Stetcr Speichel-Zulauf im Munde.
Trockenheit im Munde, ohne Durst.
Trockenheit im Munde und Halse, früh, im Bette.
Zäher Schleim in Halse, früh, durch Räuspern nicht zu lösen, mehrere Tage.
165 Stetes Schleim-Rachsen, früh; der Schleim erzeugt sich immer wieder.
Drückend ziehender Schmerz im weichen Gaumen.
Trockenheit im Halse und Stechen beim Schlingen, früh.
Schmerz in der rechten Hals-Seite, mit Stechen beim Schlingen, wie von einer Gersten-Gramme, in der Seite hinauf bis zum Ohre heraus, erst Nachmittags, nach dem Niederlegen vergehend.
Krampfhaftes Drängen im Halse, Nachts.
170 Zusammenschnürendes Gefühl im Halse und der Brust mit erschwertem Athem, öfters des Tages.
Krampfhafte Zusammengezogenheit des Halses; er muss die Bekleidung lösen, um Athem zu bekommen, was aber nicht helfen will.
Rauh und trocken im Halse, früh, nach dem Erwachen.

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Rauhigkeit im Halse, öfters wiederkehrend.
Rauhigkeit im Halse, einem Tag um den andern.
175 Geschmack im Munde stets süss, mehrere Tage.
Süsser Mund-Geschmack, beim Tabakrauchen.
Bittrer Mund-Geschmack, früh, nach dem Aufstehen.
Bittrer Geschmack auf der Unterlippe, früh.
Bittrer Geschmack des Brodes.
180 Uebler, kräuterartiger Geschmack in Munde.
Metallischer Geschmack, 2 Tage lang.
Fader, süsslicher Geschmack.
Garstiger, ganz saurer und schleimiger Geschmack im Ha früh, wie Sauerteig.
Kein Appetit und kein Hunger, das Essen hatte zu we Geschmack, und nach demselben war es ihm, als hätte Nichts gegessen, wie wenn der Magen gefühllos wäre.
185 Kein Appetit zum Frühstücke. (d. 6. T.)
Kein Hunger und kein Appetit, Mittags; er ass nur wen (d. 2. *T.*)
Stärkerer Appetit, als gewöhnlich, mehrere Tage.
Kein Appetit zu Rauchtabak, dessen Geschmack ihm g verändert schien.
Durstlosigkeit beim Essen, gegen Gewohnheit. (d. 1.—4.
190 Gänzliche Durstlosigkeit die ganze Zeit.
Durst, öfters des Tages.
Durst, schon früh, mit allgemeiner Wärme. (d. 3. T.)
Durst nach Wasser, Nachmittags, nach vormittägigem Fro
Stetes unvollkommenes Aufstossen.
195 Vergebliche Neigung zum Aufstossen; mit krampfhaf Winden im Magen, gleich nach dem Mittag-Essen.
Schluchzendes Aufstossen, bald nach dem Einnehmen.
Oefteres leeres Aufstossen, Vormittags und Abends.
Aufstossen mit Geschmack des Genossenen, nach dem Mitt Essen.
Erst bittersaures, dann leeres Aufstossen.
200 Bittres Aufstossen, früh, nach dem Aufstehen, mit bittr Mund-Geschmacke.
Bittres Aufstossen beim Mittag-Essen.

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Bittres Aufstossen nach Trinken und Suppe-Essen.
Anhaltendes saures Aufstossen.
Schlucksen, Abends, lang anhaltend.
205 Schlucksen nach dem Mittag-Essen.
Bittersaures Aufschwulken, Abends.
Bittres Aufschwulken, vor und nach dem Mittag-Essen.
Saures Aufschwulken, Nachmittags.
Uebel und brecherlich ; es hebt immerwährend.
210 Grosse Uebelkeir mit stetem vergeblichen Brech-Reize.
Stete Uebelkeit, ohne Brecherlichkeit.
Ekel beim Denken an die genossenen Speisen.
Uebelkeit im Halse, von Aufsteigen eines übeln Dunstes in den Mund, bei Eingenommenheit des Kopfes.
Starke Uebelkeit, früh, bis zum Erbrechen, bei verstärktem, kräuterartigen Geschmacke im Munde.
215 Uebelkeit und Mattigkeit nach dem Mittag-Essen.
Wen er auch noch so wenig isst, treibt's ihm doch den Magen sehr stark auf, gleich als hätte er viel gegessen.
Drückender Schmerz in der Herzgrube und gerade unter dem Schwertknorpel, durch Anfühlen vermehrt.
Drücken in der Herzgrube, Abends, beim Singen.
Oft krampfhafte Empfindungen in der Herzgrube.
220 Zusammenschnüren im Magen, mit Uebelkeit, Nachts vergehend.
Hitze im Magend, wie nach geistigen Getränken, nach Genuss eines Bissen Brodes.
Hitze und Brennen im Magen.

Although our comparison will be restricted to thirty-two paragraphs, yet they disclose omissions and blunders, made by Hempel and his Apologist, sufficient to enable the readers of the *Homœopathic Review* to discover where the truth lies, despite the shallow devices of my critic to veil it. At the very beginning of our analysis we have an inkling of what we may expect from men who cannot discover DIFFERENCES amongst a forest of perplexing similarities in drug-action—DIFFERENCES, as I have often

written, which constitute the very *individuality* of Homœopathy.

Dr. Fenton Cameron has correctly remarked, in his able COMMENT: "Is it not generally allowed, also, that the characteristics both of drug and disease are, in very many cases, found NOT in prominent and marked symptoms, which the most careless observer can hardly overlook, but in some apparently trivial symptoms, which the patient thinks hardly worth naming, and which often require a good deal of questioning and examining to elicit a description of?" This is quite true, and I challenge any man—were he even a Bönninghausen—to institute this examination in all its details of varied minutiæ, in difficult and intricate cases, unless he has most of the German Repertories before him at the time. I shall endeavour at some future period to illustrate this by cases. All the Repertories that I have seen in the English language are miserable abridgments, and quite a disgrace to an educated body of men who use such works to the neglect of A MATERIA MEDICA, which has been shamefully overlooked, otherwise its omissions and errors could not have remained "*seventeen years*" uncorrected! A concordance that would grasp OUR MATERIA MEDICA as comprehensively as does that of CRUDEN'S the SCRIPTURES, would be a lasting monument to our Industry, and show to the world what a stupendous amount of HEALING MATERIAL had been discovered through the sufferings, patience, and devotion of our *provers*. That MATERIAL, however, Homœopathic practitioners often fail to discover, when needed, from the want of a good CONCORDANCE OF COMPLETE REPERTORY. I do not make an exception in favour of the NEW BRITISH REPERTORY, now publishing in parts brimful of CYPHERS which very few can understand. It abounds in omissions, and I have detected in it erroneous translations as well

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as fabricated symptoms, although 'Corrigenda', after revision, have been appended. How could matters be otherwise, when we are told that, in the compilation of the Repertory, Hempel's American *Jahr* has been laid largely under contribution. Dr. A. Lippe, of Philadelphia, in 1852, pointed out the *un*trustworthiness of *that* work, as did also Dr. Carroll Dunham, in 1854, as I have been informed, *when* the Publisher of Hempel's works held also an iron grasp over the Homœopathic Journals in America, so that TRUTH was not *then* permitted to see the LIGHT. I am, therefore, *not* alone as a "DETRACTOR," but seem only to be the *first* who has succeeded in giving a *broadside* exposure of Hempel's atrocious blunders as regards HAHNEMANN'S CHRONIC DISEASES.

To continue: My critic adapts to symptom 160, omitted by Hempel, symptom 158. Now let us look at this closely for, I repeat, when we are told that the German of 158 and that of 160 are *synonymous*, we have some intimation of what we have to expect from such observers. Symptom 160 is translated: *Slimy mouth; early in the morning.* Symptom 158 is translated: *Tongue coated white in the morning, taste being natural.* That 158 is the symptom selected for adaptation to 160, is evident from the fact, that in the entire German text there is not one paragraph except *that* which will furnish or permit the same translation. Weisslich belegte Zunge alone characterises it, notwithstanding its having been cunningly deprived of a marked characteristic (bei richtigem Gesmache), and which Hempel *has* translated—"taste natural." Now I would ask, Is there no difference between these two symptoms? Is every person, who awakes in the morning with a slimy mouth, to have also a white coated tongue? And is every person, who has the tongue coated white in the morning, to have a slimy mouth also as a matter of necessity? Does my critic not know, from experience,

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that people, who awake with coated tongues in the morning, are very liable to complain of the taste being nasty, and very often characterise it? The peculiarity of the white coated tongue belonging to *sarsaparilla* is that it occurs in the early morning [Früh], and that such coating has no *un*natural taste belonging to it. In fact, the original text of the prover expresses this more strongly than does Hahnemann's version of it. Here it is—"Früh, die Zunge weisslich belegt, doch ohne fremden Geschmack," *i. e.* Early in the morning the tongue is coated white, *but* without any strange taste. It is very important to remark here how the original has (doch) *but*, clearly showing that the prover or the registrar of the symptom saw its peculiarity, and therefore employs *doch*, a German Conjunction, to exhibit or *mark a contrast.* Let me here remind my critic that the German text is most rich in these nice distinctions, and they are of the utmost importance. He who ventures to sneer at this has never comprehended the true essence and spirit of Hahnemann's doctrines.

We pass on to the next symptom, 161, also entirely omitted by Hempel, but for which his Apologist substitutes 164, not quite half translated by Hempel, and also inaccurately rendered by him, there being no German for *mouth* [Munde]. The symptom was correctly translated in full in my *third* paper in *Homœopathic Review* of 1862, page 531: "Tenacious mucus in the throat, early, *not to be loosened by hawking up, several days.*" This symptom, like the last, is also readily recognised by the word (Zäher) *Tenacious.* The reader will observe that there is not among the entire list of German paragraphs another word that can, by the most violent distortion and twisting, be transposed as a synonyme for Zäher—tenacious. This is very important I say. The German language, and even

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its medical literature, is very rich in synonymes. These, however, frequently require the exercise of nice discrimination, as the word Zäher, when contrasted with Kleberig will illustrate. Both words are frequently translated alike, but it will be found, I think, that Zäher has a deeper signification than Kleberig. The tenaciousness of Zäher has greater ductibility and ropiness than Kleberig, which implies more a starch-like adhesiveness.

The attentive student will now surely see the necessity of being even analytically accurate. Is there no difference between *constant accumulation of saliva in the mouth* and tenacious mucus in the *throat?* The very fact of the accumulation of saliva being constant and in the *mouth* leads us to the knowledge that it will be *thin* and *easily got rid* of; but if the same quantity of *thin* saliva were in the thoat, the patient would be in danger of suffocation. The very expression Zäher—tenacious or tough—tells us that the accumulation is not only deprived of its *fluidity*, but that its very *tenacity* allows it to be in the throat with safety, where it cannot even be detached by hawking. I can only express my sorrow if my critic's perceptive faculties be so organized that he cannot perceive these differences.

I shall be as brief as possible. One or two illustrations apply to the whole. To symptoms 162 and 163, entirely omitted by Hempel, his Apologist has adapted 167 or 172. This is by no means difficult to detect, as it so happens that Hempel has translated only two symptoms, in which the words, "Trockenheit" and "trocken"—*dryness*—occur, these being symptoms 167 and 172. It is well to note also, that Hempel has translated them accurately thus: 167 Dryness in the throat and stinging during deglutition, in the morning. 172 Roughness and dryness in the throat, in the morning after waking. Now as these are the only *two* symptoms, I

repeat, that Hempel has translated, whence does his Apologist derive "Dryness of the throat in the morning?" There is positively no German for such translation, unless, indeed, our critic has recourse to the falsification and fabrication of symptoms to an extent that surely must make Hempel blush, and even exclaim, save me from my friends: for it must be borne in mind that his Apologist is now writing with the help of my corrections before his eyes.

To symptom 171, Krampfhafte Zusammengezogenheit —spasmodic constriction—Hempel's Apologist adapts symptom 170, Zusammenschnürendes Gefühl—constrictive sensation, etc.—which is quite a different symptom, and imperfectly translated by Hempel, as my correction at page 531 of *Review*, Sept. 1862 will show, "frequently during the day" having been omitted.

To symptom 173 and 174, Apologist adapts 172, mutilated by himself, he having omitted of Hempel's translation "in the morning after waking." This symptom being now brought into requisition, shows that it was 167 which our critic intended to adapt to 162 and 163, whereby he is clearly convicted of having omitted part of Hempel's translation, viz.: "*and stinging during deglutition.*" This is really too bad, and makes Hempel appear more at fault than he is. It would have been more considerate towards the man for whom Apologist expresses "respect" and "admiration," such as he formerly warbled from "BONNIE" DUNDEE in praise of another renegade, the notorious Dr. Peters, had he conned over his little song of praise before attempting to sing it this time in public.

To symptom 176 Apologist adapts 175, and again does injustice to Hempel, by leaving out of the latter symptom "for several days." I may here remark, that on revising my criticism of Hempel, I find he has been leniently dealt with. I perceive that I have left unnoticed his omission

of the word "stets," *i. e.* constant, or lasting, which gives a much more marked character to the symptom than does Hempel's translation. Here again, on referring to the original, I find that sweetness has even been *characterised* thus: Stets süsslicher Geschmack im Munde, fast wie von Süssholz, mehre Tage, *i. e.* Constant sweet taste in the mouth, almost like that from *liquorice-wood*, for several days. Does this precision not impress the memory more deeply than fabricated flimsy generalities?

To symptom 178 and 179 critic has adapted 177, incompletely translated by Hempel, as my correction shows at page 531 of *Review*, already quoted "in the morning, after rising," having been omitted. We are now about to make exposures, in regard to translations and their adaptation, of a very grave character.

To symptom 185 critic opposes "No appetite," and to 186 he adapts "No appetite, no hunger." Now let us examine this device very closely, for it assuredly discloses no small amount of dangerous recklessness in the fabrication of symptoms. On examining Hempel's translation discriminatingly, we can only find, with regard to appetite, (Appetit) ONE translation, viz.: "No appetite and no hunger, the food had too little taste for him, and after eating he felt in his stomach as if he had not eaten any thing; the stomach seemed to be insensible." Now this is a very fair translation by Hempel of symptom 184, as any moderate scholar may verify who knows how to make use of his Dictionary. This I say is the only *one* symptom which Hempel has translated with regard to appetite in reference to the text in hand. May I then venture to ask from whence does my critic (Dr. Hempel's Apologist) get *his two* symptoms which he adjusts to 185 and 186? I repeat the question, and expect it to be answered.

Let the reader carefully observe that here again our critic has mangled Dr. Hempel most cruelly. What be-

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comes of the remaining part of Hempel's translation? viz., "*the food had too little taste for him, and after eati he felt in his stomach as if he had not eaten any thin the stomach seemed to be insensible.*" [The italics mine, as on some other occasions when I wish to inv special attention.] This is indeed abridgment, with licence of fabrication most unpardonable.

Symptoms 187 and 188 critic allows to go by defau To symptom 190 critic adapts 189, imperfectly translat by Hempel, who has omitted the condition "while eating and it has been rendered still more imperfect by his Ap logist having, to the prejudice of Hempel, omitted "co trary to his habit." Symptoms 191, 192, 193, critic tr to get rid of by a sort of wriggling, in which he is fai discomfited by Dr. Cameron. Apologist brackets sym toms 195, 196, 197, and implies that they are synonymo with 194, *i. e.* Constant imperfect eructations. This rea betrays an ignorance that I cannot characterise. If t student has not followed me, and by this time made h own translation, as I formerly advised, let me implore h now to take his Dictionary, and compare these *tota* different symptoms, and I am sure he will do me t justice to say that my criticisms are neither misplaced n uncalled for. Will it be credited that any one could ha been found so blind as not to have seen the differen between these symptoms? Symptom 189 is likew allowed to go by default as far as Hempel is concerned.

To symptom 199 that of 200 is adapted, inaccurate translated though it be by Hempel, and which I have al failed to notice in my previous papers. As will be see the German is "Bittres Aufstossen," etc.; there is German for *sour*, so that the symptom should be simp "Bitter eructations, early, after rising, with bitter taste the mouth." To 201 that of 202 is adapted, two qui distinct symptoms. 204—"*Hiccoughing*, in the eveni

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long continued"—is said by critic to be met by 197, "Frequent empty *eructations*, forenoon and in the evening." Has Hempel's Apologist not yet learned to distinguish *Hiccough* from *eructation?* Symptom 205 is said to be covered by 195. They are distinctly and unequivocally different symptoms. Really if this ignorance be not assumed, all our efforts to instruct must be hopeless.

Symptoms 207 and 208 are bracketed against 206, also an imperfectly translated symptom But this is weary work. Symptom 209 has adapted to it 211, also imperfectly translated by Hempel, as will be found in my corrections, page 531 of *Review*, already quoted—"*without inclination to vomit*" having been omitted. 210 has adapted to it 214, also imperfect, as will be seen on reference to my corrections. 218 has adapted to it by critic 220, sadly clipped by him, although Hempel has translated it in full. His Apologist has omitted "*with nausea, going off in the night.*" Let me ask, what thoughtful, candid, and conscientious men think of this? My own deliberate opinion is that any one who can thus tamper with truth, when the most vital interests of humanity are at stake, is entirely undeserving of our confidence in so far at least as their rendering of the MATERIA MEDICA OF HAHNEMANN is concerned.

Symptom 222 has adapted to it symptom 221, also incompletely translated by Hempel. They are *two* distinct symptoms, as the word "Brennen" confirms, and which every one in the daily habit of using German Repertories ought to know. Dr. C. Müller, whom no one will, I think, accuse of having an overweening tendency for excess in symptomatology, registers both symptoms in his, in some respects, excellent Repertory. Dr. Hempel's omission, in 221, "*as after spirituous liquors, after partaking of a bite of bread,*" has been registered by Dr. C. Müller in all its completeness. Let me here recommend, to the notice of those who desire thus to prune the MATERIA

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MEDICA of its characteristics, an able Hahnemannian Critique in the May number of the *American Homœopathic Review* on Dr. Sharp's letter to Sir B. Brodie.

When my critic reproaches me with "a slumber of eleven years," let me tell him in self-defence, that, notwithstanding the torpor of which he accuses me, I have managed, during the greater part of that time, to devote from six to nine hours, twice a week, entirely to the sick-poor, and to dispense on their behalf, on an average, 150 prescriptions weekly. This work has, I believe, as my MSS. volumes testify, not only done much to spread a knowledge of what can be effected by a scrupulous observance of HAHNEMANNISM which it is so much the fashion for *pseudo*-Homœopaths to deride; but it has subjected *that* Hahnemannism to an ordeal of no common kind, which has not been without its uses. This labour has not been without its reward: it has certainly given me a greater practical acquaintance with the MATERIA MEDICA and its REPERTORIES than I could have hoped to acquire by any other means. During the same years I have also managed to read and compare critically the German text of Hahnemann with Dr. Hempel's translation of fifty-four remedies constituting the MATERIA MEDICA PURA, amounting in all to something like *Twenty thousand Eight hundred and Ninety Symptoms* or *Paragraphs.*

Allow me now to suggest to my critic a calculation of how he is employing his own time, for I think he will find that if he continue to work at the same rate as he seems to have been doing—requiring eight months to examine thirty-two short paragraphs or symptoms, already prepared too for his inspection since August 1862—work by the way with which he ought to have been perfectly familiar, since he tells us, "It is seventeen years since it [Hempel's translation] was published, so that there has been abundance of time to discover its merits and demerits"—If my critic, I repeat, continues to work at

the same rate, in his wide-awake state, as heretofore, he will find that it will take him, even when the work has been prepared for him, about *Four hundred and thirty-five years* to examine HAHNEMANN'S MATERIA MEDICA PURA alone.

Finally my *critic* will perceive, in the limited selection marked out by himself, that not only has ample proof been given him why I am "*not satisfied* as to the essential agreement between Hempel's free and abridged translation of these thirty-two paragraphs, and my own more extended list," but also why I repudiate *him* as an *un*trustworthy Apologist of Hempel. I should also think that my critic's request, "to state what real disease, or what stage or phase of any disease that is represented in my list, that is not equally well represented in Hempel's," must, by the corrections I have made in these thirty-two paragraphs, have been satisfactorily answered to every one who has an accurate *conception* of the Homœopathic *Law* of *Healing;* whether my critic possesses *that* accurate conception I leave others to determine.

Dr. C. Müller registers upwards of 170 *characteristics* of *Sarsaparilla.* Hempel's own mangled translation of *sarsa.* contains above 100 symptoms which he admits to be *peculiar* to it. Will Dr. Cockburn be so obliging, therefore, as to inform the profession what are his *substitutes* for these, as he tells us that he is not aware, "either from reading or personal experience," that humanity or the cause of truth "would have suffered very seriously, though this famous drug was entirely omitted"?

CLINICAL OBSERVATIONS ON VARIOLA.

By ALFRED C. POPE, Esq.

Read at the Northern Homœopathic Medical Association, May 8, 1863.

MR. PRESIDENT AND GENTLEMEN,—The general prevalence of small-pox in some parts of the country, at the present time, has suggested to me the propriety of introducing to your notice a few notes on this disease, in the

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hope of eliciting, in discussion, your views on its pathology and treatment.

I am not about to inflict upon you a systematic discourse on small-pox, neither do I purpose detailing the progress from day to day of each case of it that, during the last six months, has been under my care; but I shall merely lay before you those features of the disease which have appeared to me as of most interest, and to be of greatest importance in practice.

Since last August, small-pox may be said to have been epidemic in York and its suburbs. It has attacked persons of all ages; from the infant, a few weeks old, to the septuagenarian. In all ranks of society it has made its appearance, and has been extremely fatal. It attained its greatest severity about January, and may be said now to be slowly disappearing. "Poverty, hunger, and dirt," and their natural consequence, overcrowding; the huddling together in small, close, ill-ventilated houses, situated in imperfectly drained courts, of persons in no condition to withstand the influence of an epidemic poison, have mainly contributed to swell the lists of mortality. Infection, too, has carried the disease into the dwellings of persons more comfortably off. The tract distributor, the Sunday-school teacher, the salesman at the counter, the servant waiting at the front door, have all contracted the disease from their several occupations bringing them in contact with persons but partially convalescent. The absence, in but too many instances, of the protective, or at any rate modifying influence afforded by carefully performed vaccination, has likewise attracted attention.

The cases from which I have deduced the remarks I am about to read to you were 27 in number; 12 males and 15 females. One was 70 years of age, another 60, a third 59, a fourth 45, two between 30 and 40, seven between 20 and 30, two between 14 and 20, nine between 5 and 14, and three under 5.

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Fourteen were instances of the disease in its mild, discrete form, the remaining thirteen being confluent and severe. Two had had the disease by inoculation; one of these was a case of a very formidable character. Ten had been vaccinated in early life, and one, a lady of about 23, three years previously besides. Of these ten cases, three were confluent, the remaining seven all mild and discrete. Twelve were entirely unprotected: four of these were modified cases, eight very severe, three being fatal. Of the other three cases I have no memoranda regarding their protection: one of these was fatal, one severely confluent, and one modified.

Of the twenty-seven cases four died.

With these preliminary observations I will proceed to a few remarks on the characteristic features of the disease and its treatment.

In every case that I have seen, the symptoms usually preceding the development of variola were present, viz.:—rigors, vomiting, aching in the lumbar region, pains in the limbs, weariness, and in some instances a certain amount of mental depression; though more or less present in all, they varied in degree very considerably. The appearance of the tongue was, however, exactly similar in each. It was moist, with a coating, greenish in the centre, white at the sides, and red at the edges and tip. However slight the subsequent eruption, the tongue presented precisely the same aspect. In three cases the premonitory symptoms gave rise to more anxiety than any other part of the illness: in one they were especially severe and alarming. I was sent for on a Friday evening to see two ladies who had been recently exposed to contagion from having taught a class, one member of which was recovering from the disease. Both of these patients were suffering from rigors, pain in the back, nausea, slight vomiting, and great weariness; the pulse in each was febrile in character, and over

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100. On the following morning one was better, and in a few days was quite well, having had no eruption. A few weeks later, however, having in the interval been in her usual health, and occupied with her customary duties, she passed through the disease in a mild form. The other patient was in a very different state. She had a pale, anxious expression of countenance, the skin was cold, pulse small and thready, 140, tongue white and anæmic looking, constant nausea and disgust at food, the slightest movement induced fainting; even speaking a few words which she could only do in a very feeble voice, gave rise to it. Her state appeared more like a sudden collapse from internal hemorrhage than any thing I had previously seen. I gave her *Veratrum viride* in the 1st dilution every two hours; ordered hot bottles to be applied to the trunk and extremities; strong beef tea at short intervals, with brandy and water if faintness should supervene. In the evening there was no perceptible change; the exhaustion was as intense if not more so than in the morning. The same plan of treatment was continued. On the Sunday morning I visited her early, doubting very much when I left home whether I should see her alive. Great, however, was my gratification to find every indication of exhaustion gone. The face, chest, and arms were covered with the variolous eruption. She was cheerful, warm, but not unnaturally so, the pulse 80, and of fair strength; the tongue, green, white, and red; no sickness or pain, but on the contrary a considerable desire for food. The eruption passed through its several stages, being in many places confluent. There was no exacerbation of fever at the time of pustular maturation; in fact, not a bad symptom of any kind from the hour when the eruption first displayed itself; but, on the contrary, she expressed herself as feeling quite well during the whole time she was confined to her room.

In two other cases the development of the eruption was

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preceded by violent inflammatory symptoms, with delirium. In one of these two the patient, a lad of twelve years of age, got away from the house, and alarmed the neighbourhood by his delirious appearance in the street. In both, when the eruption appeared, these symptoms subsided, and the disease progressed in a modified form in one, in its confluent aspect in the other, without occasioning any anxiety whatever.

These cases are interesting and instructive, in showing the influence of a morbid poison retained within the circulation; in one case, the patient being of a lymphatic temperament, depressing the vital powers so seriously as nearly to extinguish them; in the other two, each of an active sanguine temperament, giving rise to over-action of the nervous system and the function of circulation: the cause of disease in all three the same, its effect how different! They also show, by their comparatively easy passage through the disease, after the materies morbi had been once eliminated through the skin, how important a free eruption is in modifying the danger of small-pox, as indeed it is in all exanthemata. Let me now allude to the *extent* of the eruption. On the amount of the eruption, the quantity and aggregation or confluence of the pustules, depends, in no small degree, the exhaustion of the patient. In thirteen of my twenty-seven cases the eruption was thoroughly confluent. Three were fatal, though this unfortunate termination was as much attributable to the throat complication and wretchedly unwholesome rooms in which they lived and died, as to the confluent, though imperfectly developed, eruption. In the ten who recovered, the only inconvenience experienced was in the irritation of the skin and the weakness during convalescence; the latter, however, was not so great as the extent of the eruption had led me to anticipate, owing to the tongue cleaning about the 4th or 5th day of the eruption, and the

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desire for and capacity to take food, which in the majorit returned at about the same period. This very importa change in the state of the digestive organs may, I thinl be very justly attributed to the influence of the medicin homœopathic to the disease, in modifying its power ov the constitution. The disfiguration which so generall follows a severe attack is almost always dependant for i intensity upon the confluent character of the eruptio On the other hand, where the pustules are few and intervals more or less considerable the disease is very gen rally mild and tractable, leaving little or no trace of i previous existence behind it.

Though a limited extent of eruption is favourabl indeed highly favourable, to the patient, it is of the fi importance to him that, however many or few the pustul are, they should be perfectly developed, and their pr gress towards maturation carefully prevented from r ceiving any check. Nothing is more rapidly fatal th the repressed eruption of an exanthema. In one of t four cases whose fatal termination I have to regret, r trocession of the eruption was the cause of death. T details of the case are briefly as follows. Late one evenin the wife of a man, 45 years of age, called on me and d scribed her husband's symptoms as febrile, with a few pu tules on the face. I gave her some *Aconite* in the 3rd dil tion to administer to him, and saw him the next day at noo He was then hot, thirsty, and stupid; the pulse 110, ha and full. He had been delirious during the morning, a was roused by me only with difficulty. One or two pu tulous looking pimples were discernible on the forehe I ordered him to have the 1st dilution of *Belladonna* alt nately with the 1st dilution of *Aconite*. At six on t evening of that day I was hurriedly sent for to see him, t messenger stating that he was delirious and violently co vulsed, requiring the assistance of three or four men

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control the paroxysms. I found him bathed in a profuse perspiration, with a small pulse of 160, quite insensible, the muscles generally in a state of convulsion. I gave him a grain of the 1st trituration of the *Acetate of copper*, ordering it to be repeated every two hours, but without producing any alteration. He was sinking, and died during the night. On making further inquiries into the history of his illness I found that he had been ill four or five days. That two days before I saw him he had been feverish, and a slight eruption had been visible on the skin. He procured a "sweating powder" from a druggist in the evening, and during the night perspired copiously. In the morning, feeling much better, he got up, and went out, the wind being at the time cold, and the air very chilly. In the evening he felt worse, and sent his wife to consult me. The eruption here had been checked just as it was beginning to make its appearance. The skin, when in a relaxed and enfeebled state from the action of the diaphoretic, had been paralyzed by exposure to the cold air; the variolous poison being unable to escape from the circulation, produced a state of toxæmia, giving rise to the nervous symptoms which occurred during the last few hours of his life. In two children, aged six and two years respectively, the imperfect character of the eruption, shown by the somewhat livid instead of bright appearance of the pustules, formed one of three causes which I think tended to produce the fatal termination that ensued in each. In the case where the eruption was so obviously repressed, I gave *Acetate of copper*—a medicine which, on the authority of Dr. Chapman and one or two German writers, has obtained a reputation in redeveloping the eruption of scarlatina, after this has been repressed and given rise to convulsions.

The locality of the eruption is another question meriting attention. So long as it is well developed, moderate in

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quantity, and limited to the skin, it usually gives us little trouble; but when it invades the mucous surfaces of the mouth and fauces, and, as in some instances, those of the larynx and œsophagus, the consequences, always serious, are occasionally fatal.

In the case of a lady, 59 years of age, the amount of eruption in the mouth and throat was such as nearly to extinguish her voice; the tongue was greatly swollen, and though she felt the desire to take food, the pain in attempting to do so was so severe as to prevent her having but very insufficient quantities. The fœtor from the mouth was extremely offensive; and, after maturation of the pustules took place, a profuse, thick, ropy discharge of mucus occurred, and continued for several days to such an extent as to produce almost perilous exhaustion. Fearing lest I had been too free in the use of mercury, I gave *Hepar sulphuris* and *Nitric acid* in succession, but without any result. I then resorted to *Bromine*, of which I prescribed one drop of the concentrated solution in six ounces of water, giving a tablespoonful every two or three hours. This had at once a very decided effect in controlling, and very shortly in suppressing, the discharge. In the same case, the entire scalp, nape of the neck, and the parts behind the ears were covered with confluent pustules; so much so, that the patient for several days and nights was unable to lay her head upon the pillow. The eruption was in this, as in most of my other cases, painfully irritating. I usually found the purest glycerine very soothing. In one or two instances I was obliged to dilute it with water; but in the case just related it could not be borne at all, and cream was substituted for it with every advantage. Glycerine is a most valuable agent for external use, and will, I believe, be found fully to justify the encomiums it has lately received from several writers in the medical journals. Its perfect purity is of the

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greatest consequence, as many specimens sold in the shops are irritating rather than soothing when applied to the skin.

In the treatment of the fœtor which attends the maturation of the pustules and the discharge which follows, I have simply relied on free ventilation. Probably *Carbo vegetabilis* or *animalis* might be useful, or the *Permanganate of iron*, but I have had no occasion to resort to either; and, indeed, when I would have done so, other medicines were more urgently demanded.

Of the other complications, delirium, ulceration of the tonsils and fauces, and diarrhœa—I have fortunately met with but few cases. Where delirium appeared it was—excepting the case I have related where retrocession of the eruption occurred—always promptly controlled by *Belladonna*; and in one severe case of ulcerated sore throat I substituted the *Iodide of mercury* in the 1st trituration for the soluble preparation of Hahnemann, and I think with advantage.

In passing on to the consideration of the general management and specific treatment of this disease, I must allude, for a minute, to its prevention and modification by vaccination. The importance of pure lymph, and of care in inserting it under the skin, cannot be over estimated. On these two points depends our success in preserving our patients from an attack of the disease itself; and not only that, but by so doing we prevent the formation of a centre of contagion to others. Re-vaccination, especially during an epidemic, ought to be recommended. I think I have seen its utility during the last few months. It must be remembered that though vaccination before infection has been contracted will preserve from it, after this has occurred it will not prevent the disease appearing, though it will probably modify its course. From the large number of persons who, though vaccinated in infancy, I have found susceptible of the vaccine disease, re-vaccination,

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particularly during an epidemic, appears to me especially desirable. For may it not be that the atmospheric influences which give rise to the epidemic likewise render nugatory, in some instances, the protective powers of vaccination over the system performed many years previously?

To proceed to the specific treatment of small-pox. There is, I believe, no remedy which will so neutralize the poison upon which the disease depends, as to prevent its development when once infection has taken place. The root of the *sarracenia purpurea* has been alleged to have the power of doing so; but the results of the experience of practitioners in this country, so far, at least, as they have been published, by no means encourage confidence in its supposed properties. The late house surgeon of the York Dispensary, Dr. Manning, used it in a large number of cases without observing any modifying influence arise from it. In St. George's Hospital and in private practice, results equally negative have generally been reported. The sole end of medicine in small-pox is to prevent not its development, but its giving rise to serious complications—to conduct the patient through his inevitable illness—to enable him, in fact, to weather the storm. For this purpose we must look for our surest means to such as the homœopathic law suggests. These we shall find chiefly, if not entirely, in *Mercury* and *Tartar emetic.* The provings of both medicines show a similitude to the variola. *Mercury* has appeared to me to be most clearly indicated, as well as most useful, in those cases where the eruption is extensive, and when the mucous surfaces of the mouth and throat are especially involved—when the circulation is highly charged with the malignant virus. *Tartar emetic*, on the other hand, is suitable in milder cases, particularly at the commencement of an attack, and when the gastric derangement is much marked. The tongue cleans readily under its use, and the sickness is

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more influenced by it than by *Mercury;* the patient is enabled to take food sooner than he otherwise would, and, by so doing, the system is supported, and the exhausting tendency of the disease in a great measure counteracted. But there is a further and very important advantage which, I think, may justly be ascribed to the homœopathic remedy, viz., the almost entire absence of the much dreaded secondary fever which occurs at the period of maturation. I have in every case carefully watched for this very important phase of the disease, and in two only have I been satisfied of its existence, and then but in its mildest form.

I have used *Mercury* in the form of the trituration of the black oxide, or soluble *Mercury* of Hahnemann, in the 1st and 2nd triturations, generally giving grain doses every three hours. The *Antimony* was given in the 3rd trituration.

To these two medicines, all cases of the uncomplicated, however confluent, form of variola, may, I believe, so far as drugs are concerned, be trusted. Those remedies which I have employed to meet particular contingencies have been already alluded to, and I will not trespass on your time by recurring to them.

To prevent the cicatrices, following small-pox, when confluent, various plans under the designation "ectrotic treatment" have been from time to time proposed. Not having had an opportunity of trying them, I cannot express any opinion on their value. Any preparation that it is proposed to smear over the face must be entirely unmedicinal, in the first place, and, impermeable to the air, in the second. Dr. Dudgeon used *Collodion* for this purpose at the Hahnemann Hospital, but the excessive irritation and smarting caused by it rendered it very painful to the patient; an objection to its use, increased by the necessity for its frequent repetition. Dr. Andrew Smart, resident Physician in the clinical wards of the Edinburgh

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Royal Infirmary, after experimenting with various su stances calculated to effect the ectrotic treatment, a amongst others with that proposed by the late Dr. Grave of Dublin, a solution of gutta percha in chloroform, fou the most satisfactory to be a solution in chloroform of ind rubber, cut up into very small pieces. The solution painted over the face, when the chloroform, rapidly evap rating, leaves a thin skin of caoutchouc uniformly spre over the face. The gutta percha tears into ribbons whe ever the mouth or features are called into play, where the india rubber, being pliable and elastic, is not so a to tear under those circumstances. If by any acciden small portion is torn off, a fresh application of the soluti at once remedies the defect. Besides preventing the pittin it is said also to remedy the itching so generally co plained of. Mr. Marson, of the Small-pox Hospital London, has also made a series of experiments with vario substances, but states that none did good, while many d harm, the gutta percha solution rendering the patient ve offensive, by confining the secretion from the pustul under its surface. Mr. Marson thinks that nothing pr vents pitting so effectually as good vaccination at the su able time in the progress of the disease, but that son service is rendered by applying the best olive oil to t face, or a lotion composed of glycerine, rose or oran flower water, and a little camphor julep to prevent t lotion from becoming mouldy. A plan adopted by D Allshorn, of Edinburgh, a homœopathic chemist a practitioner, is to mix three parts of olive oil with o of white wax, and to paint the face with the mixtu when warm and fluid. As this cools and hardens, it said to form an excellent mask. This plan appears to n as effectual as and simpler, and therefore better tha any hitherto proposed. The time to apply any ectrot measure is about the fifth or sixth day of the disease.

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In the management of no disease is the necessity for free ventilation of the patient's room more urgently called for: it is so both on his own account and on that of those about him. To the very great deficiency in this matter I attribute chiefly the deaths of three of the cases I have lost. In one instance the parents and their three children, the youngest, an infant of eight months old, being the patient, lived in a room but ten feet square during the day, and at night all slept in another of a similar size. With windows closed, doors shut, and every chink by which a breath of fresh air might have entered surreptitiously, carefully blocked up; the sense of suffocation on entering the room from the street was almost overpowering. In spite of strongly urged recommendations to allow the child the chance of a purer atmosphere, the ignorant fear of draughts and cold prevailed, and the patient died; one, moreover, that, beyond a sore throat, greatly dependant on atmospheric causes, had quite a simple form of the disease. In two other fatal cases the parents and five children slept in one small room in a narrow street of a crowded neighbourhood. In these the eruption was imperfectly developed, and the throat œdematous. But the condition of the atmosphere in which they passed the last few days of their lives materially aided in inducing the fatal termination. One case in this house recovered. Dr. Dudgeon very correctly remarks, in a paper in the 10th volume of the *British Journal of Homœopathy*, that "one of the most important points" in the treatment of small-pox "is securing a complete ventilation of the apartment by allowing a free circulation of air, for there is no exanthematic fever that is more apt to degenerate into a low typhoid state by a neglect of this precaution than variola."

With regard to the diet I am in favour of restricting it as nearly as possible to milk until the tongue cleans; and then beef tea and other animal broths cannot be given too

soon or too freely, the amount and quality of the nutriment being increased as the ability to digest it returns. The earlier we are able to give nutriment the shorter will be the convalescence of our patients.

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Clay *v.* Roberts.

In the war against homœopathy we have always felt that the allopathists lacked that *hearty conviction* of the heretical and dangerous character of the Hahnemannian doctrines and practice, which the world had a right to expect. The virulence which has accompanied every onslaught upon the "new system" has ever seemed to us to partake rather of the pride which resents correction, or of the self-interest which resists, at all risks and with any weapons, the loss of prestige, than of honest uncompromising zeal for truth. To-day our suspicions are strengthened. We look back, and find how notoriously the members of the old school of physic have resisted the arbitration of facts, and have preferred captious declamation or insulting ridicule to plain logic or decisive experimentation. They have eschewed the use of honest weapons, and at length we see them gradually adopting a system of practice which they *affect* to believe to be in *our* hands a mere imposture.

Allopathy dreads the supplanting influence of the system which it pretends to despise,—*qui terret, plus ille timet,*—and every confession of the unsatisfactory and contradictory condition of its own teachings and practice is supplemented by an *anathema* against the doctrines of the new school. When, with the tide of advancing knowledge, allopathists find themselves drifting into the use of specifics whose homœopathicity is notorious, they attempt to silence their own consciences, and to hoodwink the world by declaring that, in *their* orthodox hands such practice is *not*

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homœopathy. So also when, after years of ridicule and opposition, they recently began to realise the value and necessity of "non-perturbative" doses, they "accused themselves by excusing," thus betraying their consciousness of the source from which they had learned—how unwillingly! —so important a lesson in medical reform. In fact, the more nearly their own practice is found to assimilate with that of the homœopathists, the more lustily do they abuse the latter. Professional pride and obstinacy have often, ere this, obstructed the advancement of medical science; but humiliation has surely followed; and in this change of practice on the part of the dominant school, long delayed though it has been, the humiliation is greater, because our opponents feel that they have been learning from those whom they have ever held up to public odium and ridicule:—

> "Assequitur Nemesisque virûm vestigia, servat
> Ne malè quid facias."

With what mortification must the men of the old school remember how futile have been all the varied forms of opposition and of persecution which have been employed against homœopathy! Ridicule during a long period was the favourite weapon of persecution. It is one easily handled. *Fools* can laugh to scorn that which they have not the brains to understand, and wiser men can conceal, by the same means, their ignorance of that which they have not the honesty or the leisure to examine. Ridicule is, however, not so fashionable as it once was: it has been found that the *winning* homœopathist can laugh also; and this is not always convenient:—

> "Rides? majore cachinno,
> Concutitur."*

* Our dear friend and fellow student, the late Dr. Atkin, once remarked to us:—"When I first settled in Hull, as the pioneer of homœopathy, the allopathic medical men used to laugh at me as I passed them in the streets. They still laugh; but now on the wrong side of the mouth."

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Then came the ordeal of public opinion. How kindly and feelingly did the allopathic press appeal to the common sense of the public, asking it to banish homœopathy from the face of the earth! Such appeals, however, instead of injuring or retarding the progress of this medical reform, only brought to bear, from without, a greater pressure in favour of a system whose remedies are innocuous and even pleasant, and whose cures are public facts. Then arose a cry of wrath and of malediction. Homœopathic practitioners were pointed out as swindlers and impostors, and their "dupes" were cursed as "imbeciles." The *Lancet* even prayed a prayer, too horrible almost to copy, in which a hope was expressed that the bones of the patients of the homœopathists might become "marrowless," their "flesh rotten," &c. *Proh pudor!* Even the wrath of the medical press, however, served to advance the cause of truth, inasmuch as it called into existence a library of argumentative literature, and an accumulation of evidence which are among the most remarkable phenomena in the history of medical reform.

Open and underhanded attempts to influence the senate against homœopathy have been made, and have signally failed. The clause introduced into the Medical Act of 1859 for our behoof and protection, despite the opposition of the dominant school, is the testimony of an enlightened class on behalf of the doctrines of Hahnemann. What shall we say, however, of those men, members of examining bodies, officers of medical corporations, who, in their hatred of homœopathy, systematically break or evade that clause? Yet such men there are—bad citizens—the high priests of prejudice!

Recognising, at length, the failure of existing means of opposition, the allopathic body, a year or two ago, resolved to establish a moral quarantine: homœopathic practitioners were to be doomed to isolation, or were to be driven without the camp, like the lepers of old. Up to

that period there were some, even the foremost of the profession, who ventured to believe that homœopathists were sincere—who did not forget that they were educated gentlemen—and who, therefore, ventured to meet them in friendly council. This, however, was, at the suggestion of the allopathic press, in the first instance, created an offence against medical etiquette, and consultation with an homœopathist was pronounced thereafter to be disgraceful, subjecting the offender to banishment from the favour of his brethren. We all remember how some, even in the first ranks in medicine and surgery, succumbed before this infamous trades-unionism. Fergusson, for example, to his disgrace be it said, did penance with sheet and candle in the pages of the *Lancet*, and gave public promise that he never again would deal with the accursed Samaritans.

In the autumn of last year, Dr. Clay, of Manchester, well known as a specialist, was accused of having met a homœopathic practitioner, at Handley, in the Potteries; and, more than all, he was accused of having taken tea with him! The accusation first appeared in the *Lancet*, in the form of an anonymous letter. Dr. Clay was of course dreadfully indignant. What! *he* meet a homœopathist, and break bread with him! Infamous slander! Let his accusers reveal their name. Well, two or three accusers did reveal their names; among the number was that of Dr. Roberts, of Manchester. Against Dr. Roberts Dr. Clay instituted legal proceedings, because, to employ Dr. Clay's own words in a letter to the *Manchester Examiner and Times*, May 8th, "Dr. Roberts, in a series of letters, some anonymous, published in the *Lancet*, charged me with meeting homœopaths in consultation, and stated that such conduct was considered by the medical profession, as improper and disgraceful; and he offered to find three cases in proof. Subsequently, however, Dr. Roberts withdrew the cases, not being able to substantiate them; and in one of his

plea be alleged "*that it was not disgraceful or improper to meet a homœopath in consultation,*" being directly contrary to the position first taken by himself, and a contradiction which has yet to be reconciled. The Court held on the argument that even if such had been admitted to be true, *it was not improper* or disgraceful to meet homœopaths, and that *so far* the plea demurred to was good."

The following report of the trial is taken from the *Manchester Examiner and Times*, May 7th:—

"An action, brought by Dr. Clay, a Manchester physician, against Dr. Roberts for libel in publishing a letter charging him with having met homœopathists in consultation, came before the Court of Exchequer on Monday, upon a demurrer to a plea. The declaration stated that among the great body of the medical profession it would be thought improper and disgraceful for any one of them to meet in medical consultation any medical practitioner or physician professing or known to be a homœopath or homœopathist, and deemed a breach of professional etiquette and injurious to his professional character and reputation. then stated that the plaintiff never professed to be nor was a homœopath, and that the defendant, well knowing the premises, falsely and maliciously published the libel in question. To this the defendant pleaded that it was not, nor was considered by the profession to be, disgraceful for any member of it to meet homœopath in consultation; and to this plea the plaintiff demurred on the ground that it was no answer to the action.—Mr. D. Keane, on the part of the plaintiff, submitted that the declaration was good and the plea bad.—The Lord Chief Baron said *he saw some difficulty in saying that to charge a physician with being a homœopathist was a libel.* Would it be a libel to say that a lady of fashion had been seen riding in an omnibus? There must be no confusion between matters of crime or sin, which would disparage a person in society, and matters of mere taste, fashion or caprice, in which there was nothing sinful or improper.—Mr. Keane suggested that this case involved a different point, as actual injury was sustained.—The Lord Chief Baron:

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Would it be a libel to say of a man of rank, wealth, and fashion, that he was so mean and sordid that he burnt tallow instead of wax candles? Or would it be libellous to say that he habitually ate tripe?—Mr. Keane: It would never occur to me to object to that. I will put to your lordship another case, that of a barrister on circuit riding with an attorney in a stage coach, and requesting him to give him briefs in preference to other barristers.—The Lord Chief Baron: That is a very different matter. *I cannot concur in the suggestion on which the declaration is founded. A homœopathist is a regularly educated medical man.*—Mr. Keane: *I have generally found them to be so, and I think they are quite able to defend their own opinions.*—Mr. Baron Bramwell: *I think there is a libel in the declaration on the general body of physicians.*—After some discussion, the Lord Chief Baron said that if the object of the defendant was maliciously to place the plaintiff in an invidious position and injure him in his profession, the publication might be actionable but could not be said to be a libel. He thought the declaration was bad and the plea good, and that judgment should be for the defendant. The other judges being of the same opinion, judgment was given for the defendant."

Thus has the latest and the most cruel invention for the destruction of homœopathy contributed to its triumph. We have no sympathy with Dr. Clay in this matter; but, his dread of all suspicion of taint has done homœopathy good service, for it has elicited the testimony of the judges of the Court of Exchequer, and of one of the most scientific and learned members of the bar, Mr. D. Keane, in favour of the respectability and talent of the great body of homœopathic practitioners. It has compelled Dr. Roberts to eat his own words, and to plead that it is "*not disgraceful nor improper, nor is it so considered by the profession, to meet a homœopath in consultation.*"

What is the position of the allopathic medical press under these adverse circumstances? The *Lancet* was wont to be vigilant—to cry aloud, and to spare not; but

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on the subject of this remarkable trial, neither the *Lancet* nor its contemporaries have had a word to say. The silence is indeed significant; for, by their tacit agreement with the course pursued by Dr. Roberts, they also are *eating their own words*—cruel, bitter, lying words—written against our cause during a long series of years.

We have always held that in their refusal to meet homœopathic practitioners in consultation, the allopathists have placed themselves in a false position. Dr. Clay, however, *has* been in the habit of meeting homœopathists, and, therefore, *his* position on the late trial was especially a false one. During the last ten or fifteen years, we are informed, he has seen patients with Dr. Phillips, late of Manchester, and now of London; with Dr. Edmund Smith, now of Ilkley Wells; with Mr. Cox, who recently left Rochdale for Manchester; with Dr. Lowther Mathews, and his brother, the late Dr. John Mathews, of Manchester; and with other members of the medical profession practising homœopathy in Manchester. Moreover, thirteen or fourteen years ago, Dr. Clay occupied a ward in the Manchester Homœpathic Hospital, with patients who came to Manchester to be ovariotomised by him. In his operations he had the assistance of the medical officers of that institution, and his patients were indebted to the matron and her servants for much of their comfort subsequently thereto. This is the man who now asserts, that to say he has given homœopathic practitioners his surgical assistance is to charge him with an improper and disgraceful act. No one knows better than Dr. Clay that to do so is neither the one nor the other; but, in terror of being regarded by his confrères of the Manchester Medical Trades Union, or Medico-Ethical Society, as it is absurdly termed, as a "knobstick," and, fearful lest the rapidly advancing reputation of London surgeons in his peculiar speciality should draft off too many ovarian

tumours from his consulting room, he has frantically endeavoured to out-Herod Herod in pandering to allopathic jealousy of homœopathists. This gross moral cowardice has landed him in the Court of Exchequer, has subjected him to the rebuke of one of the presiding judges, and has inflicted upon him the penalty of costs.

What has he gained? Nothing. The public will simply regard him as an extremely ridiculous little personage. The allopathic portion of the profession will tender him no thanks for taking their denunciations of consultations with homœopaths *in so serious a light;* for giving so practical an exposè of their *malus animus* in dealing with homœopathy; or, for compelling any of their number to eat their oft-repeated words and assertions; while all, whether in or out of the profession, who believe in homœopathy, will regard him and the terms of his declaration with the contempt he has so energetically striven to earn for himself. It cannot but be a matter for regret that one who has raised himself to eminence amid many difficulties, who has done much good service to obstetric medicine and surgery, should have displayed so abject and so degrading a subservience to the prejudices of a section of his medical brethren. While, then, we deplore Dr. Clay's total want of moral courage, and the sacrifice he has made of his independence, we most thoroughly despise the insulting reflections he has thought fit to cast upon us.

Baron Bramwell well remarked that the *declaration* itself was the true *libel.*

REPLY TO "DR. CAMERON'S COMMENTARY ON HEMPEL AND HIS DETRACTORS."

By Dr. Cockburn.

Dr. Cameron's Commentary on Hempel and his Detractors, taken simply as a defence of Dr. Wilson, would require no special notice; but, taken as the defence and

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expression of what he considers to be, "of the deepe interest to homœopathy, to its practitioners, and to i patients," and at the same time as embodying the "vit principles" of our science and art, it demands a fair reply I shall pass over many small points in the Commentary and take up those only which have a general interest t our body.

1st. As to motive.

Had Dr. Wilson's motive, either avowedly or implied been to benefit the practitioner by setting him right, or by giving him the opportunity of being right in the choice o a curative remedy, I should have been the last to find fault, even though I had disapproved of his method; bu an unprejudiced student can scarcely fail coming to th conclusion that the great object was to ruin the reputatio of Dr. Hempel by one of the most complete and superla tive lists of disparaging accusations that any one coul possibly concert. In regard to thirteen medicines spe cially mentioned, Hempel is accused of having omitte the enormous number of 1785 symptoms; and, from som strange motive, Dr. W. has chosen *sarsaparilla*, one o the most unimportant of all the subordinate remedies i the Materia Medica, enumerating 231 of its symptoms said to have been entirely omitted, not for the purpose o helping the practitioner, but solely as a proof and an illus tration of the truth of his other assertions. And becaus Dr. C. has examined Wilson's symptoms of *sarsa.* wit the original, and found them correct, he *infers* that h must be equally correct in regard to all the others. Dr. C. reasons by inference when it suits his own purpose though he finds fault with others doing so. But as we also have examined Wilson's symptoms with Hempel's symptoms, and found the charges not proven and of no value, we also *inferred* that the charges in regard to all the other medicines would be equally worthless; and

certainly if the stock is like the sample, I see no other conclusion any one can come to.

2nd. The charge of mistranslation.

Dr. Cameron repeats the accusations against Hempel for having translated *halsgrube* as pit of the stomach, and *stirnkopfe* as top of the head; and as the words are so exceedingly simple as entirely to exclude the idea of the charge being made by mistake, it must have been done purposely and intelligently; but as both Dr. Wilson and Dr. Cameron have concealed the *connexion* in which the words occur, we are thereby prevented from examining the internal evidence either for or against the propriety of the charge. As symptoms do not develope themselves capriciously, but always according to a natural order consistent with and determined by the peculiar genus of the individual drug, there ought to be some internal evidence as to the truthfulness of certain individual symptoms, though it is quite possible that we may not always be able to trace this.

Dr. C. looks forward with bright anticipations to the faithful translation of the future, and judiciously refrains from expressing any doubt as to the possibility or probability of Dr. Quin's translation being unworthy the confidence of the profession. But as Dr. Quin's attainments as a scholar, and his past established integrity of purpose, do not, according to Dr. C., warrant us in *inferring* anything as to the worth of the new-coming translation, it may, after all, in the estimation of crochetty critics, turn out to be a tissue of endless blunders, just like the slovenly Hempel's. Every one who has had a six months' smattering of German may set himself up as a critic, and that will be a *rara avis* indeed in which no flaw can be found. However faithful it may be, Dr. W. has already settled its character and its worth; for he says, "The best, and the quickest way in the end, of acquiring available knowledge and independence is for each one to work for himself,

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unless, indeed, we are too lazy, and prefer hobbling alo on other men's crutches entirely." In case the new tra lation should be long in making its appearance, it mig be advisable to issue a notice that the *hobbling brotherho are much in want of crutches.*

The truism stated by Dr. Wilson that "everything what it is *exactly*, and not merely *almost*," has its parall in another truism equally important, namely, *that no tra lation can ever be the original* EXACTLY, *but only* LIKE Dr. W. should remember this.

3rd. Homœopathy less successful now than it was Hahnemann's day?

Dr. Cameron assumes that Hempel's bad translati "has helped materially to bring about the deterioratio in results which few deny to have taken place since Ha nemann's day." The assumption that homœopathy is le successful now than it was in Hahnemann's day is entire without foundation, and has been got up by a party regar less of all evidence, merely to serve a sectarian end. T very reverse I believe to be true. Homœopathy is no more successful in its results than ever it was at a former period; and looking at the character of the m jority of its present representatives, there is not only probability, but a certainty of its becoming still more so.

4th. Characteristic symptoms.

Dr. Cameron says, "Is it not generally allowed, als that the characteristics both of drug and disease are, very many cases, found NOT in prominent and mark symptoms, which the most careless observer can hard overlook, but in some apparently trivial symptoms, whi the patient thinks hardly worth naming?" I cannot allo that the characteristic symptoms, either of drugs or diseas are to be found in "trivial symptoms, which the patie thinks hardly worth naming," but just the very rever Take *aconite, arsenicum* and *nux vomica*, for example: a

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the characteristics of these drugs to be found in "trivial symptoms hardly worth naming?" Take cholera, cramp, and dysentery; are the characteristics of these diseases found in trivial symptoms hardly worth naming? It is true that a very trivial symptom may occasionally lead to the choice of the curative remedy; but to call the trivial symptom, on that account, the characteristic symptom, is not only in the highest degree illogical, but is also quite opposed to all sound and rational study both of drugs and diseases.

5th. The Materia Medica full of contradictions.

Dr. Cameron asks the question, "Could Dr. Cockburn have been conscious of the full meaning of what he wrote when he penned the above? Does he not know that the whole *Materia Medica* is full of such apparent contradictions? Does he know no solution of the seeming difficulty?" I beg to assure Dr. Cameron that I was perfectly conscious of the full meaning of what I wrote in regard to the contradictions about *sarsa.*; and I would take the liberty of advising Dr. C., if he really believes that the *whole* Materia Medica is *full* of apparent contradictions, to pitch it into the fire: no Materia Medica at all would be better far than one like this. I have heard objections urged against our Materia Medica which were real and serious, but, neither from friend nor opponent, have I ever met with an objection like this advanced by Dr. C., that the whole of the Materia Medica is full of contradictions. The Materia Medica of Hahnemann, translated by Dr. Hempel, is *not* full of contradictions; and had the statement come from any one but a brother, I should have reckoned it a gross libel on our system. In this Materia Medica there are, I doubt not, a very considerable number of errors, but there are, comparatively speaking, *very few contradictions*. Silence with some men is wisdom; and Dr. Cameron has verified it here. In place of attempting to show *how* contradictions

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were to be harmonised, he makes a fine flourish, and she off by putting the question, "Does he (Dr. Cockbu know no solution of the seeming difficulty?" And tl the difficulty is admirably passed over. But I repeat question, and wait the answer, "If it is true that *sar* produces a *total want of thirst during the whole peri* how, in the name of goodness, can it have an opportun of producing thirst at any time?" Things that dif palpably and widely can be reconciled and harmonis but flat contradictions never.

It may be objected that I am looking more at wl Dr. Cameron *says*, and overlooking what he *means*. T may be so, but the case is a true type and illustration the entire controversy. Looking at Dr. Cameron a *recorder* of facts, we find it established by univer consent, that there are *some* contradictions in the M teria Medica; in place of faithfully recording this r fact, he records an entirely different fact, namely, tl "the *whole* of the Materia Medica is *full* of appar contradictions." And thus a translator who was seeki for evidence on this point would be deceived by t recorder, and in his turn would deceive others by translation. Looking at him as a *translator*, we find tl on coming to the *recorded* fact, that *some* contradicti exist in the Materia Medica; in place of translating tl faithfully, he renders it thus—that the *whole* Mate Medica is *full* of apparent contradictions. This is c tainly a free translation of ideas. If Dr. Cameron did mean that the *whole* Materia Medica was actually *full* contradictions of every kind, I would venture on advisi him in future *always* to say *exactly* what he does me But while he does say something entirely different fr that which probably he did mean, I shall in passing gi two proofs to show that he tries to make others *mean* son thing entirely different from that which they *do say*.

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page 217, referring to the right of having new translations, I wrote, "If Dr. Wilson, or any other person, is so thoroughly acquainted with the German language, as to be able to give a new translation of Hahnemann's works which he considers in any respect better than Hempel's, by all means let him set about the work, and publish it." This Dr. Cameron freely renders thus: "Which liberty Dr. Cockburn apparently wishes to stifle." At page 275, referring to the liberty which every translator has in modifying the original where there is anything obscure or contradictory, and in abridging when there is any redundancy of words, I wrote, "Possibly Dr. Hempel has exceeded in this latitude, and abridged too much." This Dr. Cameron thus renders: "Dr. Cockburn thinks that Dr. Hempel has not abused this liberty." Men living in glass houses should never throw stones.

6. The tobacco controversy.

At page 224, I stated that "the smoking of tobacco should not be allowed to any one while proving drugs." Dr. Cameron finds fault with this on the ground that because we often have to treat patients who are habitual smokers, and whose desire for smoking is influenced by the disease under which they are labouring, therefore we ought to know how the diseases produced by drugs are modified by the use of tobacco. This is the position he takes up. Now there is a principle involved in this that is vital to homœopathy, and it is well to have it fairly examined. Drugs produce in the body certain definite symptoms called drug diseases; and however well or ill defined these may be, they are always in their nature different from healthy phenomena; and it is just in so far as they have the power of disturbing the health, that they have the power of curing disease. The symptoms which a drug produces on the body stand in a certain relationship to normal conditions and functions; and we come to

a true knowledge of their nature and extent only by comparing them with such normal conditions and functions. Diseases stand in a particular relationship to normal conditions and functions, and not to the eating of pea soup or the smoking of tobacco. In the treatment of disease we choose that particular drug whose known action on the healthy body corresponds most completely to the specific disease. But, says Dr. Cameron, as we often meet with patients who have been habitual smokers, and who lose their taste for smoking when ill, it is necessary, in order to treat these cases rightly, that we should find a medicine which in its provings has produced the same want of inclination for tobacco. Now, granting that this should be, where does it lead to? Why, just to this; that every vile and vicious habit ought to be indulged in by the prover, in order to know how the inclination for these habits is influenced by the drug. A snuffer when ill has no relish for his accustomed pinch; and as no corresponding symptom has been observed by the prover, homœopathy has no help for such sufferers. A toper when ill finds a want of inclination for his periodical half-pint of stout, and because we do not find such a record among the provings, all this class, too, must be cut off from homœopathic treatment. The lover of punch loses all desire for his evening indulgence, and he, too, like the others, must be turned from our door, as being out of the pale of cure. All these, and many others addicted to habits which need not be mentioned, for which they lose all inclination when ill, must be excluded from homœopathic treatment, if Dr. Cameron's theory is true. But this "vital principle" does not stop here; it ought also to apply to every avocation in life. When ill, every one feels a want of inclination for some particular duty, and unless the same speciality has been observed by some prover, there can be no help for any such. What would the practice of homœo-

pathy be if this principle were true? To every right-minded person the idea must be repugnant to reason and morality.

Being anxious to substantiate this great principle, Dr. Cameron brings it to the test of experience. He says, "I shall now suppose that one of these smokers has come to consult a homœopath about his health. He details his case, and among other symptoms has that of "no inclination for tobacco," of which he is generally very fond; and when he does smoke, from the force of habit, *but only then*, a sweet taste comes in his mouth." Now I would ask Dr. Cameron if he, even in all the course of his practice, met with such a case, or if he ever heard of any such? If ever, in all the course of his reading, he has met with such a case? I strongly suspect he has not, and can scarcely resist the conviction that he is imposing this ideal case on his own judgment: the case appears to me to contradict itself. The chief and prominent symptom is "no inclination for tobacco;" and yet along with that a sweet taste in the mouth *when* smoking. No inclination to smoke, and yet smoking. What is meant by that? By the phrase "no inclination to smoke," we would infer that the person, for that reason, did not smoke. In this imaginary case the patient smokes from the "force of habit;" but it is just this force of habit which produces the inclination to smoke. And yet we are told that along with this *force of habit* and *actual smoking*, there is *no inclination* to smoke In *real* and not imaginary cases, we often find "no inclination for tobacco, but this fact is determined solely and entirely by the present existing morbid condition, and of course the patient refrains from smoking. But in this suppositious case, the patient has no inclination for tobacco, and at the same time *has* an inclination to smoke, and actually does smoke; and in place of the smoking producing

a sickly, nasty, and disagreeable taste, which in real, morbid states it does produce, we find it causes a *sweet* taste—a taste which, constituting as it does such an important element in the *ne plus ultra* of Clay's best cigars, or of the finest honey cavendish, would be more likely to develope a stronger inclination for tobacco, than to destroy it.

Dr. Cameron must surely have, for the time, overlooked the real object of drug provings, or he must have very confused notions regarding it. He would have us believe that "no inclination for tobacco" is a symptom of *sarsa.*, and ought therefore to have been recorded. But this cannot be the case. "No inclination for tobacco," if of any significance at all, must be a curative symptom, and *sarsa.* ought therefore, in its pure action on the organism, to produce actually *an inclination for* tobacco. Does Dr. Cameron believe that *sarsa.* ever did or ever can produce an inclination *for* tobacco? And if it cannot produce such a condition on the healthy, how can it ever cure such as a morbid condition? This I take to be the vital part of homœopathy, from which there can be no consistent departure.

7th. Discipleship.

At page 283, Dr. Cameron states the conditions which disqualify a homœopathist from being a disciple of Hahnemann. He says, "They call themselves disciples of Hahnemann without any right to do so, seeing they are going contrary to his most solemn injunctions, and are not seeking to practise as he practised." The doctrine of discipleship is a very important one, and I trust that some others will come forward and give us the benefit of their views regarding it. Hahnemann discovered homœopathy, and demonstrated its truth by a large amount of incontrovertible evidence. He first introduced systematic drug provings on the healthy body, and, with a large amount of skill,

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developed the new system which he discovered. For upwards of half a century he laboured most arduously in the cause, and has left, for the benefit of posterity, the published records of a considerable part of these labours. I freely acknowledge him to have been the great discoverer and first teacher of homœopathy. And all the knowledge I possess of the new system, and all the success I have met with in practice, I owe either directly or indirectly entirely to him. But I can never agree to call Hahnemann the "Messiah," or to use such language as "the words of the Master," and "the footsteps of the Master." Neither can I put myself in the position of one who holds that to be a disciple of Hahnemann it is necessary to believe every word he taught, and to act up to every precept he commanded. This having been brought up in a formal manner, I hope every christian man will embrace every opportunity of protesting against the audacity of many fallible and erring creatures daring to "usurp authority over the judgment and consciences of their fellows." Dr. Cameron, and others who call themselves Hahnemannian, surely do not know what they are doing or what they mean when they advocate the renewal of a medical popedom and medical hierarchy. Does Dr. Cameron or Dr. Wilson, or does any other person imagine that he is a Hahnemannian? He greatly deceives himself if he does. Hahnemannism tolerates no deviation. If you add anything to or take anything from the Hahnemannian creed or practice, you cannot be a Hahnemannian. Is there a man who acts up or who wishes to act up to Hahnemann's precept or example? Where is the man who gives nothing but the 30th potency in all diseases, or who attempts to practise his profession by holding one globule of the 30th potency under the nose of his patient? Where is he? He is a myth, nowhere to be found. The low dose man can show that he has both the teaching and practice of Hahne-

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mann in his favour; but the 200th potency men have separated themselves entirely from their great teacher, and can neither appeal to his teaching nor his experience in support of their position. This being the case, I must look upon all as being homœopathists, and not Hahnemannians, and, in this respect, all as brethren. As such surely it is a duty, binding on every one, to cherish for and manifest to each other more of a brotherly and christian spirit, and refrain from calling each other such bad names; of accusing every one of hobbling along on other men's crutches; of being enemies in disguise; of being false professors. We have a great work to do; let us go about it earnestly and faithfully.

The subject now introduced constitutes the primary and essential ground on which the dispute rests between what Dr. Cameron designates as "the two sections of the homœopathic body;" here the whole controversy takes its origin. But why should there be "*two sections*" in the homœopathic body? Let us rather, as members of one brotherhood, seek to develope and advance homœopathy as a science and an art, and on all points, including the important one on which we at present disagree, in place of looking upon those who differ from us, as being enemies in disguise and false practitioners, let us meet with them and act with them as brethren. This we ought, and this we can do; and yet at the same time reason and discuss freely and fully on all points on which we are not at one.

The great point in dispute can be put in the form of proposition. *What position ought Hahnemann and Hahnemann's writings to occupy in the homœopathic school of medicine?* Let this be settled, and our essential differences cease. Is Hahnemann to be looked upon as the "Messiah" of medicine, or is he to be looked upon as a fallible erring brother like ourselves? Are his writings to be looked upon as the "words of the Master," or are we to

look upon them as containing, along with a great amount of valuable truths, a mixture of error? This is the point to be settled. On looking the subject fairly in the face I cannot conceive of any reasonable person daring to arrogate for Hahnemann the position either of a Messiah or a Master. The words as belonging to ONE who was the only MESSIAH and the only MASTER are much too sacred to apply to Samuel Hahnemann; and as HIS humble disciples and faithful followers we can look upon no one as occupying HIS place, whether it be the Pope at Rome or Hahnemann at Coethen. It is everyone's duty to study the writings of Hahnemann faithfully and earnestly, but then everything we study should be done in the same spirit; and while doing this we should ever be ready to receive instruction, from whatever source it may come. For my own part I am as open to learn from Dr. Cameron and Dr. Wilson as to receive instruction from Dr. Hempel or Dr. Hahnemann, and will quite as frankly acknowledge my obligations to the one as the other. There are many important points on which we all agree; and as we all come to know each other better, our differences, I have no doubt, will get smaller and fewer. For this I hope and strive.

PHTHISIS POST PUERPERIUM.

Abstract of a Paper on this subject read before the Liverpool Homœopathic Medico-Chirurgical Society, April 1st, 1863.

By HENRY BLUMBERG, M.D., L.R.C.P.

DR. BLUMBERG mentioned the difficulty of diagnosing phthisis in its earliest stage, in consequence of the fact that most of the usual symptoms, such as cough, evening fever, night perspiration, dyspnœa, diarrhœa, emaciation, may be absent; the only really essential condition being the deposition of tubercle; and that the detection of this

PHTHISIS POST PUERPERIUM.

in the earliest stage is sometimes extremely difficult, if not impossible. He thought the diagnosis as well as the treatment would be much helped by dividing Phthisis into different species distinguished by some marked peculiarity, such as that forming the subject of the present paper, and which had been suggested to him by three cases he had lately treated.

These cases had presented to his mind very forcibly a subject of great importance, and one which had not, to his knowledge, been sufficiently mooted before, viz., that idiopathic Phthisis is frequently brought on—primarily induced by the exhaustion and low state of nutrition consequent on confinement. He believed that Phthisis could be induced in *any* person, however healthy or free from hereditary or constitutional tendency, by simple starvation; tubercles being, in his opinion, as beautifully expressed by Eisenmann, "the tears which poverty weeps inwards."

In the three cases referred to he had every reason to believe, from the strictest enquiry, that neither was there consumption in the family, nor was there tubercle deposited in the patients themselves previous to their confinement, but in each of which Phthisis was induced within a very short time after confinement, and went on very rapidly to a fatal termination.

He remarked that this species of Phthisis is distinguishable from others—1stly, by the rapidity of its development; 2ndly, by its marked selection of the left lung 3rdly, a peculiar deadness without hoarseness of voice 4thly, absence of hæmoptysis; 5thly, contrary to his experience in other kinds of Phthisis, a settled conviction in the mind of the patients that they were incurable, and must soon die; 6thly, great muscular weakness; 7thly, dyspnœa also very quickly developed.

As to treatment, it did not differ materially from that of

ordinary Phthisis. The most important point he considered was absolute rest, in a recumbent posture, in a large airy room; also tepid water ablutions with a little vinegar; cod liver oil twice a day, and food every four hours. In the way of medicine, *phosphorus, china, cannabis, nux vomica, ferrum aceticum;* especially *phos.* and *nux vomica.*

The special point to which he would direct attention was, that Phthisis Pulmonalis could take its origin spontaneously, without any hereditary tendency, simply from the peculiarly low condition of nutrition after confinement; and he therefore deprecated strongly the practice of keeping the patient so long on low diet, as is frequently done with the mistaken view of preventing metritis. He would allow a liberal diet after the first refreshing sleep.

REMARKS ON THE PROPER OR IMPROPER COLOURS OF BOTTLES FOR HOMŒOPATHIC PREPARATIONS.

By HENRY GREENE, M.R.C.S., Eng., Cheltenham.

SINCE the preservation of Homœopathic preparations in their statical condition is a matter of considerable importance, and the use of *green* glass for their containing vessels is becoming prevalent, it is desirable to call the attention of the profession to certain physical facts which seem to throw a doubt on the propriety of employing such colour for the purpose of preventing or retarding chemical decompositions.

Golding Bird says: "Some of the luminous rays interfere with the action of the chemical rays.

"When light traverses glass stained *yellow* with oxide of silver, nearly all the chemical rays are arrested *which pass freely through dark blue cobalt glass!*

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"Sir J. Herschell found that when a violet and red ray were allowed to fall simultaneously on a piece of paper impregnated with chloride of silver, *they nearly neutralized each other's effects.*" (See Golding Bird's *Nat. Philosophy*, 1854, nos. 1081 and 1082.)

In Hardwick's *Photographic Chemistry*, 1861, page 83, we have two experiments as follow :—

"Exp. 1. Take a sheet of sensitive paper prepared with chloride of silver, and lay upon it strips of blue, yellow, and red glass. On exposure to the sun's rays for a few minutes, the part beneath the *blue glass darkens rapidly*, whilst that *covered by the red and yellow glass is perfectly protected.* This result is the more striking *from the greater transparency of the yellow glass* giving the idea that the chloride would certainly be blackened first at that point! On the other hand, the blue glass appears very dark, and effectually conceals the tissue of the paper from view.

"Exp. 2. Select a vase of flowers, of different shades of scarlet, blue, and yellow, and make a photographic copy of them by development upon iodide of silver. The *blue* tints will be found to act most violently upon the sensitive compound, whilst the reds and yellows will be scarcely visible; were it not that it is difficult to procure in nature pure and homogeneous tints, free from admixture with other colours, they would make no impression whatever on the plate."

In the same work, page 84, we read :—

"These operations are now conducted in a dark room; but it is dark only in a *photographic* sense, being *illuminated by means of yellow light*, which, whilst it enables the operator easily to watch the progress of the work, produces no injurious effect upon the sensitive surfaces.

"A dark orange yellow is more impervious to chemical rays than a lighter canary-yellow, whilst a *blood-red* colour possesses almost perfect opacity, a collodion sensitive plate

being unaffected even by the direct rays of the sun shining through the glass."

The foregoing extracts seem to indicate that the glass bottles used for the preservation of our medicines, if they are not opaque, ought to be blood-red or yellow rather than blue or green, and that glass of the ordinary white colour is far preferable to any other from which the red and yellow rays are excluded, for these last exercise a protective or conservative action.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The half-yearly meeting of this Association was held in Leeds, on the 8th of last month. There were present Dr. Dunn of Doncaster (President), Dr. Cameron of Huddersfield (Vice-President), Dr. Craig of Leeds, Dr. Evans of Bradford, Dr. Pyburn of Hull, Dr. Ramsbotham of Leeds, Dr. Ryan of Sheffield, Dr. Scott of Huddersfield, Mr. Pope of York, &c. Dr. Bradshaw of Nottingham attended as a visitor. The minutes of the last meeting having been read and approved, Dr. Watson of Peterborough was, on the proposal of Dr. Dunn and Mr. Pope, admitted a member of the Association.

The President then delivered an able address on the past history, present state, and future prospects of Homœopathy. Mr. Pope of York followed with a paper on Variola, which, with Dr. Dunn's address, will be found *in extenso* in another portion of our *Review*. In the discussion which followed the paper on Variola, the subject of vaccination was chiefly alluded to. The necessity for ensuring general vaccination was insisted on by Drs. Dunn, Craig and Ramsbotham; Dr. Dunn referring to the injustice done to medical men by the appointment of public vaccinators, thereby limiting public remuneration for the peformance of a public

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benefit to only a few members of the profession. Dr. Craig thought that this might be remedied by a fee being attached to each certificate forwarded to the Registrar. The various methods of vaccinating were also discussed. Dr. Ramsbotham thought it would be important to ascertain the ages beyond and below which re-vaccination should be recommended. Dr. Ryan related an instance in which two children, aged three and five years respectively, who had been vaccinated in infancy, and one three months old, all passed through the disease; the infant having been vaccinated only ten days previous to the eruption appearing. The disease was, however, in each of a very modified type. The President thought that he had found the inunction of a portion, about the size of a bean, of the diluted nitrate of mercury ointment over the arm to reduce the probability of pitting in a severe attack of the disease. The itching, Dr. Ryan had found allayed most effectually by the application of bacon fat. Dr. Cameron recommended the dusting of powdered starch and *calamine* over the face as the best mode of applying the ectrotic treatment. Dr. Scott stated that he had tried the *sarracenia purpurea* in several cases, but with entirely negative results.

After some further remarks on the treatment of variola, by the President and other members, Dr. Craig proceeded to make some remarks on the use of Water and Temperature in the treatment of disease, and spoke as follows:—

"In homœopathic practice we occasionally find the want of some means capable of occupying the patient and his friends with some portion of the treatment. Such an adjuvant must be one which, while it will have a tendency itself to promote the cure, will not interfere with the action of the medicines prescribed. In the application to the body, of water, of degrees of temperature varying according to the requirements of the case, we have such an agent. The cure is by this means advanced,

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the action of the medicines prescribed facilitated, and the friends of the patient are themselves gratified by taking an active part in affording him the desired relief. I will, therefore, briefly point out the modes in which water may be applied, and the forms of disease in which these several applications are most suitable.

"In *acute disease*, the chief aim of the practitioner of medicine is to modify the force of the circulation. Heat may be regarded as the nearest co-relative to the vital force. For by the application of sustained cold we can not only diminish the activity of all the functions of life, but entirely suppress them; while, on the other hand, by the application of heat above the ordinary temperature of the body, we can excite them to greatly increased action.

"The modification of the circulation may be thus obtained by the action of cold water compresses, damp sheet packings, and similar appliances. In the remittent fevers of children, the action of the homœopathic medicine is immensely facilitated by the damp sheet packing. In one case of a severe type recently under my care, the pulse, which was 130, was speedily reduced below 110, and within an hour to below 100. The next evening the remission was again present, but in a much slighter degree, and after another pack did not return. In acute bronchitis, in dyspepsia, and in mammary abscess, the damp compress, covered with gutta percha sheeting, is an invaluable adjunct to treatment. In mammary abscess, it is much more satisfactory in its action than a poultice. Since I have used lint wrung out of tepid water, and covered with oiled silk or gutta percha, laid over the swelling, I have had but little trouble from this source in accoucheur practice. The tone of the part is not so weakened as by poultices, and consequently the disintegration of the texture is less, and no sinuses form. In a similar way, and with similar results, the compress is applicable to glandular and other abscesses. In rheumatic fever the value of the compress is well known.

"The assistance I have derived from the treatment of such cases as these with the compress, is amply sufficient to justify me in asking you to give it a trial.

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"In chronic disease, the use of such measures as are calc lated to increase the excretory powers of the system, to increas vital action, are those which most commend themselves to ou notice.

"All the phenomena of nutrition, secretion and excretion a performed in and through the medium of water. Hence by in creasing the rapidity of the water circulation by means of th hot air bath and other sweating processes, during which co water is taken internally, we are enabled to stimulate depres functional activity. Sluggish and congested states of inter organs are thus roused and the blood thereby depurated of ef and morbid matters. In the great bulk of chronic diseas applications of the nature I have alluded to may be used w most desirable results.

"Lastly, in convalescence from acute and chronic disease, frequently stand in need of some useful general tonic. This find in the sudden superficial application of water of a temp ture sufficiently cold to stimulate reaction, without being much so, or so long continued, as to rob the system of too m vital heat.

"In the use then of water applied in a manner and at a te perature adapted to the pathological state of the patient we h at once a means of assisting medicines in their action, and enabling the friends of the sufferer to employ themselves ministering to his relief."

Dr. Dunn, in commenting on Dr. Craig's observation stated that he had found the application of water of gre assistance in his practice. He related a case of suppresse measles, in which, as a last resource, the wet sheet wa applied, and with the most rapid and gratifying results.

Dr. Cameron thought that in cases of suppressed exan thems, mustard cataplasms on the chest and extremitie were more advantageous. *Dr. Craig*, in reply, said tha if there were sufficient heat in the system, if sufficien power of reaction remained, the wet sheet would be foun to be the most powerful and most satisfactory. *Dr. Pybur*

made some remarks on the value of wet compresses to the epigastrium in inveterate vomiting. He had found them very useful in such cases.

The Association having been addressed by other members on the subject of Dr. Craig's remarks, proceeded to make the necessary arrangements for the next meeting. This it was decided should take place at York on the 9th of October next. On the motion of Dr. Cameron and Mr. Pope, Dr. Ryan was unanimously elected President; and on that of Dr. Cameron and Dr. Ryan, Dr. Evans Vice-President. Mr. Pope was appointed Local Secretary.

An excellent dinner at the White Horse hotel brought the proceedings to a conclusion.

ELECTION OF HOMŒOPATHIC SURGEON TO THE BIRMINGHAM HOMŒOPATHIC HOSPITAL.

At a meeting of the Committee of this Institution held on the 14th of last month, R. L. Chance, Esq. being in the chair, Mr. H. St. Clair Massiah was elected house-surgeon. For this appointment there were, we are gratified to learn, ten candidates.* Of this number two only were unqualified. Mr. Massiah is described as a most painstaking investigator of the Materia Medica, and is favourably known to British homœopathists as the translator of Dr. Sten's *Therapeutics of the Day.* He possesses also testimonials of the highest order from Dr. Chapman and Mr. Wilson. But, notwithstanding the intrinsic merits of Mr. Massiah, he cannot but think that the Committee would have done more wisely had they, in compliance with their own published rules, and the demands of the *Medical Act,* elected a gentleman possessed of a legal qualification. Advantages obtained by the evasion of well considered and generally admitted principles are dearly purchased.

* A gratifying evidence of the spread of homœopathy among the junior members of the profession.

DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—JAMES PYBURN, M.D., L.R.C.P. Lond., EVAN FRASER, ESQ., L.R.C.S. Edin.

Treasurer—JOHN SKILBECK, ESQ.

Honorary Secretary—JOHN L. SEATON, ESQ.

Chemist—MR. JOSEPH DIXON.

Number of patients attending during the month of April...	6
Paying 1s. 6d. per month	4
Admitted on Subscriber's recommendation	1
Discharged cured	
Relieved	
Dead	
Ceased attending; result unknown	
Still under treatment.....	5
Visited during the month at their own homes.....	

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Physicians—Dr. DRYSDALE, Dr. WRIGHT, Dr. ROCHE, Dr. HAYWARD, Dr. BLUMBERG.

Surgeons—J. MOORE, Esq., J. GELSTON, Esq., T. H. WILLANS, Esq., — HUDSON, Esq.

House Surgeon—T. D'ORVILLE PARTRIDGE, Esq.

Honorary Dentist—Mr. QUINBY.

The number of patients prescribed for at this Institution du the month of April was as follows:—

New patients	
Old „	1
Total	5
The number of visits paid.....	
The number of new patients visited.....	
	5

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE HOMŒOPATHIC ACTION OF THE HYPOPHOSPHITES OF SODA AND LIME.

In the year 1857, Dr. John Francis Churchill read a paper before the Académie Impériale de Médicine, in which he asserts that "the proximate cause, or at all events, an essential condition of the tubercular diathesis, is the decrease, in the system, of the phosphorus which it contains in an oxydizable state;" that the specific remedy for the disease consists in the use of a preparation of phosphorus, uniting the two conditions of being in such a state that it may be directly assimilated, and, at the same time, at the lowest possible degree of oxydation;" and that "the hypophosphites of soda and lime are the combinations which hitherto seem best to fulfil these two requisites."

Dr. Churchill then proceeds to say of the hypophosphites above named, that "they seem to possess, in the highest degree, all the therapeutical properties formerly attributed by different writers to *phosphorus* itself, without any of the danger which attends the use of that substance, and which has caused it to be almost forgotten as a medicinal agent."

Our allopathic brethren have discarded some very useful specifics, after repeated trials, and have summarily rejected

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others, simply because they do not know how to us them, so as to obtain their full curative force, and to avoi their pathogenetic and perturbative action. Ignorant the homœopathic relation between the drug and th disease in which it is to be administered, and whic homœopathicity is the true cause of the success of specif remedies, when properly applied, they give quantities great, as in many instances to aggravate the symptoms the malady. Occasionally these medicines give indicatio of their value, in successful results, either because th physician happens to administer a small dose, or finds patient not very accessible or responsive to homœopath influence; but such results are accidental, and the remed becomes unfashionable, because it is misunderstood.

For more than half a century, *phosphorus* has stood i the homœopathic Materia Medica as a remedy for certai symptoms of phthisis. Allopathists also attempted t use it for the same disease; but this really valuabl specific—perfectly manageable by those who understan its pathogenetic relation to certain states of pulmonar disease—was found to be dangerous in the hands of th physicians of the orthodox school. To diminish the dos until its dangerous and perturbative effects could b obviated, would be a concession to homœopathic doctri that could not be tolerated; and therefore, in this case, in many others, the old system of combination with ot substances, having the property of moderating or neut izing, in part, its effects, has been adopted. This is kernel of Dr. Churchill's discovery. *Phosphorus*, he c cedes, is a specific in tubercular phthisis; yet its admi tration is attended with danger. But why not reduce dose? Why mask an excellent specific, until, accord to recent experiments, its physiological action beco doubtful?

By what process of reasoning did the allopathists w

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preceded Dr. Churchill come to the conclusion that *phosphorus* is remedial in phthisis? Had they any theory on the subject—any law to direct them in the choice of this drug? No doubt, in this instance, as in most others, the physician owed to accident that which, in true science, is the offspring of induction. Dr. Churchill, however, *has* a theory—to wit, that the proximate cause, or, at all events, an essential condition of the tubercular diathesis, is the decrease, in the system, of the phosphorus which it contains in an oxydizable state; and that "the specific remedy for the disease consists in the use of a preparation of *phosphorus*, uniting the two conditions of being in such a state that it may be directly assimilated, and, at the same time, at the lowest possible degree of oxydation."

Neither physiological nor pathological observations, however, bear out Dr. Churchill's theory of a decrease, in the system, of oxydizable *phosphorus;* and even if it were so, we deny that the hypophosphites of soda and lime would fulfil the office assigned to them by that physician. That these salts may be useful in certain forms of phthisis, we think highly probable, though the pure phosphorus, in proper doses, would be infinitely more active and beneficial; but we do not ascribe its curative power either to substitutionary influence or to chemical force, but to its power of creating in the healthy man pathogenetic effects resembling those of phthisis. *How* it should be that diseases are cured by drugs which are capable of producing similar diseases, we do not attempt to shew; there are many ingenious theories extant on this subject; but that such a law exists—an unalterable natural law—is indisputable.

Phosphorus is no exception to that law. Those who will take the trouble to read the record of the provings of this drug, in Hahnemann's *Chronic Diseases,* will see how closely its pathogenetic effects correspond with certain

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stages of pulmonary disease. Thus, in the hands of la dose-givers, *phosphorus* was found to be dangerous, cause it aggravated analogous symptoms.

We have seen no provings of the hypophosphites lime and soda; but, if their virtue be owing to the ba *phosphorus*, we know that even these salts must homœopathic to some stages of phthisis. Our experien of the law of similars would lead us to this conclusio and, singularly enough, Dr. Churchill—who, no doub would resent the implication of Hahnemannism—confir this view.

That physician would lead us to believe that he cho the hypophosphites—first, to renew the supply of ph phorus in the system, as iron is given in anæmia; a second, to obviate the danger arising from the adminis tion of pure *phosphorus*. Let it be so; but we f anxious to learn whether, at the time he selected t remedy, he knew that it was capable of setting up in healthy body "such a state of plethora as to bring epistaxis, or hæmoptysis, or bleeding from the intesti either with or without symptoms of congestion tow the head or lungs." This is but a poor contributio the pathogenesy of the hypophosphites, but it is Churchill's own, and, as far as it goes, confirms the m elaborate provings of *phosphorus*, by the earlier hom pathists.

It seems that Drs. Cotton, Quain, and Risdon Ben have recently undertaken a number of experiments on hypophosphites, as specific remedies in phthisis; and th gentlemen have come to the conclusion that these s have "no specific nor anti-tubercular action, no spec influence being exerted by them on any one function the body"—in fact, that they have no physiological act whatever.

We have read the records of Dr. Cotton's experimen

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as detailed in the *Lancet*, but we de not consider them as at all decisive; and we should not have referred to the subject, but for the purpose of noticing the curious confession of his knowledge of the homœopathic action of the hypophosphites, which Dr. Churchill makes, for the purpose of refuting Dr. Cotton.

We give, *in extenso*, Dr. Churchill's letter, published in the *Lancet* of May 23rd :—

"Sir,—Dr. Cotton's recent experiments are only a repetition of his former ones, with the time extended from a fortnight to a month. They are as invalid as the first.

"He begins by asserting that the hypophosphites have no physiological action. If he will take an overdose, say four or five tablespoonfuls daily, of the syrup, he will soon find, to his very great discomfort, they produce such a state of plethora as to bring on epistaxis, or hæmoptysis, or bleeding from the intestines, either with or without symptoms of congestion towards the head or lungs. His principle is to give the hypophosphites for a month, then to leave them off to give some other substance, claiming for this second substance the merit of whatever improvement may continue after the suspension of the hypophosphites. This rests upon the assumption that the effect of the hypophosphites ceases as soon as the medicine is suspended, which is contrary to experience with regard to the action of all mineral substances assimilated by the organism. Upon the same principle Dr. Cotton would have the right to conclude that if a patient who has been vaccinated begins by taking carbonate of soda immediately after, and continues it for some time, his immunity from small-pox would be owing to carbonate of soda, and not to vaccination.

"The most elementary principle of experiment is to distinguish and isolate, as far as possible, the different

conditions upon which the result of the experiment depends, so as to ascertain those which really contribute to the result, and those which do not. Dr. Cotton is evidently acquainted with this principle; for not only does he not apply it, but wilfully and predeterminately violates it in every one of his experiments. If his object had really been to ascertain the true value of the hypophosphites in the treatment of consumption, the simple, rational, logical and scientific plan would have been to take a series of patients in certain determinate pathological conditions, and to treat them with the hypophosphites until death or cure ensued. During the same period another series of patients, selected as nearly as possible in the same pathological condition as the first, should be submitted to some other course of treatment. These two series of researches, if scientifically carried out, would have afforded more data for comparison, and allowed of some definite conclusion. But as Dr. Cotton's object was rather to play the part of advocate, and to find a plea against the efficacy of the hypophosphites, he has taken care to produce no well-defined and scientific results. He has nevertheless defeated the purpose he had in view, and produced a certificate in favour of hypophosphites; for according to his own showing, out of twelve cases (of which two are declared beforehand to be unpromising, thus reducing the number to ten), the hypophosphites were successful in seven instances, producing improvement, and much improvement, and moderate improvement; the weight of the patients increasing in every instance, and in one or two to a great extent.

"For the future, I would ask Dr. Cotton, before he institutes any further experiments in therapeutics, to bear in mind the following question:—How many negative results in experimental science, obtained under variable or unknown conditions, are sufficient to overthrow one

single positive instance, the character and condition of which have been scientifically determined? When he has thought of this question in all its bearings, he will have a better right to come forward as a therapeutist; for such a mode of proceeding in therapeutics as that followed by Dr. Cotton, appears to me to have no more claim to be a scientific experiment than would be the fact of a man ignorant of chemistry going into a laboratory, and throwing half-a-dozen of the first substances he met with into a crucible, and calling that a chemical experiment. The hypophosphites have proved themselves to any impartial observer, even, as I conceive, in the hands of Dr. Cotton himself, to be medicines of the highest importance. Men of scientific attainments and practical experience prescribe them, and will, I have no doubt, continue to prescribe them, to the relief of patients suffering from one of the most intractable of maladies which afflict humanity."

HOMŒOPATHY IN UNION PRACTICE.

By John Wilde, L.R.C.P., M.R.C.S. Eng., &c. &c., Winchester.

About three years ago, my attention was directed to the study of Homœopathy by seeing "Hempel's Organon" on the counter of a bookseller, who informed me, on enquiring, that he had just procured it for a gentleman residing in Winchester. As I had some slight acquaintance with this gentleman, I wrote to request that I might be allowed to read his book as soon as he had done with it. He kindly acceded to my request, and forwarded the work. I sat down to read it, and did not get up till I had finished it. I felt much interested, and immediately purchased "Sharp's Tracts on Homœopathy," which I also devoured with avidity. I felt sure that the Theory of Homœopathy was correct. The only thing was to put it into practice, satisfactorily, so as to convince myself.

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Just as that time I was treating a patient labouri under acute rheumatism, which was running the ordina course of such cases—now better, now worse; one d one joint inflamed, the next day another, and so on. I that *aconite* was mentioned as a useful remedy, accordingly I sent a mixture, containing twelve drop the Pharmacopœial-Tincture in six ounces of water, a little colouring matter: one table-spoonful to be ta every three hours. On calling the next day, I expe some complaint would be made of the tastelessness of medicine; and, I had very little hope of finding patient better; but, to my great surprise and gratificat I found him sitting in a chair, down stairs, with a blan wrapped round him, and expressing himself as quite fr from pain.

This was so encouraging, that I immediately wrote to firm of homœopathic chemists for a case of twenty-fo medicines; and directed them to be sure and send *mot tinctures*. I had yet to learn that any other dose th that of a mother tincture was efficacious.

For the first month or two, I confined myself to giv one or two drop doses of this strength, with much succe but, occasionally, of course, meeting with failures, wh discouraged me more than, I *now* know, they ought have done. Doubtless, I often prescribed the wro remedy; and, perhaps, I sometimes set up medici symptoms, without knowing it. After a time, howev I began giving 1st dilutions (centesimal); and I, by d grees, left off allopathic practice altogether.

I recollect that the first death which occurred after had begun to treat my patients homœopathically, gave m a great deal of concern, and caused me to reflect wheth the patient might have been saved, under the old system but, I felt sure, on recalling the circumstances of the cas that the patient must have died, under any treatment.

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I ought to mention that I was, at this time, holding an extensive Union appointment, which afforded me a fine field for the practice of the new system. My first dread, on leaving orthodox medicine was that I should lose this appointment; and, I adopted the homœopathic method, for several months, before any one knew what I was doing; but as, day after day, I saw the advantages of the new treatment over the old, and, the flood of truth burst on my mind, I felt that I could no longer, conscientiouly, conceal my convictions; I, accordingly, informed my patients that I had become convinced of the truth of homœopathy, and left them to do as they liked about employing me, for the future.

The fact of my being a homœopathist was gradually known to the Guardians of my District; but I met with no interference; and, I continued, for three years, unimpeded in my duty, and without a single complaint being carried to the Board.

My object in writing this article at all, is to encourage others, who may be situated as I was, in trying the new system, in their districts; and to show that the poor, as well as the Guardians of the Poor, will allow homœopathy to be practised, if the Medical officer has only the moral courage to persist in his course.

The circumstance I am now about to relate, is worthy of being known by my brother Union Medical Officers, as it shows that there is nothing in the practice of homœopathy either illegal, or amenable to the interference of the Authorities.

After continuing Medical officer of the country district, just mentioned, for a period of six years, during three of which I had practised homœopathy—the Town District of Winchester became vacant, by the resignation of the surgeon who had held it; and, as I wished to remove from the country into the town, I at once applied to the Board,

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for permission to change Districts; and, although I was opposed by a gentleman of great ability, in the town, and, although, the fact of my being a homœopathist was freely circulated among the Guardians, I was elected by a majority of 25 to 5.

On that occasion, a Guardian observed, that as I was homœopathist, I was an objectionable party; but, the Chairman immediately observed—"We have nothing whatever to do with that; we have nothing to do with the method of treatment." All honor to the Chairman, and to the Guardians who could act so impartially.

The greatest obstacle to homœopathy, in Union practice, consists in the prejudice of the poor against medicine which "tastes like water."

They fancy that you are neglecting their case, by not giving medicine strong enough; or, they think that you are trying to save your pocket; their notion being, that the nastier the medicine, the more expensive it must be; and, therefore, they conclude that tasteless medicine is both economical and useless.

To get over this difficulty, in cases of adults, I have been compelled to add two or three drops of some bitter tincture, colouring the medicine with burnt sugar; and from experience I have found the medicines to answer very well indeed. It might be supposed that this addition of another medicine would do away with the effect of the homœopathic drug; but my experience of several thousand cases has proved that the medicine acts satisfactorily when thus given. For instance, I have not found *nux vomica*, in 1st or 2nd dilution, interfered with by a few drops of tincture of *quassia*. Of course, whenever I could give sugar of milk, with the homœopathic tincture dropped upon it, or else globules, I have done so; but, it would not do to give a white tasteless powder to every patient, or you are immediately accused of giving "the same physic to every one."

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These are things I know from actual experience; and, they are not to be despised.

When, however, a person is seriously ill, I invariably leave the medicine in glasses at the house; for, in such cases, the patient will not give you credit for "giving only water." Besides, the improvement felt on taking the medicine, in acute cases, gives the patient confidence in the remedy he is taking, tasteless though it be.

Of course, one's private patients do not require this pandering to a prejudice; for, in calling in a homœopathist, they expect to find no taste in their medicines; and, the time will come when the poor will better understand the system; but, it cannot be expected that uneducated paupers should believe that physic which tastes like water will relieve a pain, when their more educated brethren have so little faith in it.

I do not pretend to defend the practice of adding a bitter to the drug, except on the plea, that surely it is better to give the homœopathic remedy this way, than not at all. In cases of children, this need not be done; a little coloring matter being all that is necessary; or, to them, powders may be administered, containing globules.

Many poor people, and these the most intelligent, are much pleased with their medicine, even when given pure; and have great confidence in "them sugar things."

From having given 1st dilutions only, in the early part of my experience, I have now come to regard globules of the 30th, or even of the 200th, as of the greatest efficacy; and, if I could please myself, in all cases, I should never give any others; but the time is not come, in this our work, to practise homœopathy pure, and simple.

Believing, as I sincerely do, that we are always wrong when we depart from the rules which our great master, Hahnemann, has prescribed for us, I, yet, am of opinion that if we cannot do the *very best*, in homœopathy, we

must be satisfied in doing the *second best;* and, we mu[illegible] be content with weaning *the poor* from nauseous drug[illegible], *by degrees*, and not by a method which opposes itself [illegible] their nature, and prejudices.

AN ANSWER TO DR. COCKBURN'S QUESTION[illegible] AND TO HIS REPLY TO DR. FENTO[illegible] CAMERON'S COMMENT.

By Fenton Cameron, M.D., London.

Were I to follow Dr. Cockburn into the intricacies of h[illegible] so-called reply to my comment on his first paper, I shoul[illegible] be obliged to write a long article, in order to rectify a[illegible] the misrepresentations and false colourings which he ha[illegible] throughout almost the whole of his paper, given to m[illegible] words. I shall not do so, however, but shall conte[illegible] myself with noticing a few of the most glaring instance[illegible] and with assuring the reader that if he will take t[illegible] trouble to compare my paper side by side with D[illegible] Cockburn's reply to it, he will see that I have [illegible] exceeded the truth in making the above statement.

Whether Dr. Cockburn has written ignorantly or re[illegible]lessly, I cannot say; but I trust that he will in future [illegible] that, in publicly writing on a subject of such importa[illegible] as that with which he has been dealing, both a m[illegible] thorough acquaintance with what he is contending agai[illegible] and a more candid method of treating it, are necessary [illegible] the maintenance of his position.

In proceeding, then, with the painful task which [illegible] before me, I notice, first, that Dr. Cockburn in his origi[illegible] paper asks: "Can any one in his sober senses say t[illegible] Hempel has *entirely omitted* all these symptoms charg[illegible] against him by Dr. Wilson?" and adds: "I cannot belie[illegible] it!" As Mr. Wilson has in his paper in last *Revi*[illegible]

taken to pieces Dr. Cockburn's reasons for his unbelief, and shewn that they are worse than valueless, I shall merely bring forward the fact that Dr. Cockburn states, in his reply to my comment (page 364), that he examined *Wilson's symptoms with Hempel's symptoms* [italics mine] (not a word about the original), and that he found the charges against Hempel not proven,—the question being one which *nothing but* the witness of the original could decide!

Then, as to the mistranslations of Halsgrube and Stirn, which he now makes Stirnkopfe, Dr. Cockburn (page 365) accuses both Mr. Wilson and myself of having concealed the connexion in which the words occur, and of thereby preventing examination of the internal evidence, either for or against the propriety of the "charge." This last word is, doubtless, a misprint for *change*—the intentional change of signification which Dr. Cockburn justifies Dr. Hempel in having made; but whether this is the case or not, Dr. Cockburn's charge of *concealment!* is made regardless of the fact that Mr. Wilson, in his third paper, in the September number of the *Review*, gives eight instances of undeniable mistranslation, and *in every instance, gives not only the full symptom or sentence in which the word occurs, but also the mistranslated word itself in the original, and the number of the symptom in Hahnemann's symptomatology of Sarsa., so that the fullest means of comparison might be within the reach of every one!!!* The words are Oberkopfe, rendered by Hempel *Sinciput* (or forehead); Tageslichte, rendered *Candle*light; Bauch-seite — side of *Chest;* Schnauben — *Coughing;* Schild-Knorpel—*Zyphoid* Cartilage; and Rechten—*Left*, in two instances.

In an after part of his paper, at page 368, Dr. Cockburn gives what he calls two *proofs* to shew that *I* try to make *him* mean something entirely different from what he

says. I shall make no comment, but shall simply scribe what Dr. Cockburn gives as *proofs* of an ef mislead on my part, and afterwards, side by side, m words, so that the reader may be fully able to between Dr. Cockburn and me in this matter. proof No. 1:—

Dr. Cockburn says:—

"I wrote, 'If Dr. Wilson, or any other person, is so thoroughly acquainted with the German language, as to be able to give a new translation of Hahnemann's works which he considers in any respect better than Hempel's, by all means let him set about the work and publish it.' *This Dr. Cameron freely renders thus:* 'Which liberty Dr. Cockburn apparently wishes to stifle.'"

My words were (page 2

"I write not in defe Mr. Wilson,—but I w behalf of liberty freel fully to ventilate and all important matters con with our glorious scienc when the discussion nece imperils a reputation, as present instance; *which Dr. Cockburn apparently to stifle.*"

As proof No. 2—

Dr. Cockburn accuses me of rendering "Possibly Dr. Hempel has exceeded in this latitude, and abridged too much," into "Dr. Cockburn thinks that Dr. Hempel has *not* abused this liberty."

My words were (page 2

"Dr. Cockburn, *while one hand* he entirely ap of Dr. Hempel using license which he has do *on the other*, acknowledge possibly Hempel has ex his latitude, and abridg much." [The italics are

Dr. Cockburn not only objects to the statemen homœopathy is less successful now than it was in its days, but says that it is "now more successful results than ever it was at any former period," and the statements to the contrary have been got up for purposes, regardless of evidence.

ANSWER TO DR. COCKBURN'S QUESTION, ETC.

Drs. Drysdale and Atkin, men not likely to get up statements for party purposes, regardless of evidence, have the following passage in their introduction to the *British Repertory*, which is now publishing:—"We have twice the number of weapons to combat with disease that the earlier homœopathic practitioners possessed, and yet, with this advantage, it is believed by many that our success is inferior to theirs; and it must be admitted that our practical gain has not been equal to the extension of the Materia Medica." Dr. Constantine Hering of Philadelphia, in reference to this, writes in the *American Homœopathic Review*:—"Such a candid, upright and noble acknowledgment deserves the greatest praise," and in the remainder of his comment, goes on to prove that the falling off in results arises from our not studying the medicines with the same care as the earlier homœopaths did. To this Dr. Drysdale gives his entire assent.—So much for Dr. Cockburn's accusation of "an assumption" got up without evidence, for sectarian ends.

Dr. Cockburn, after getting into the most hopeless confusion about "contradictions" and "apparent contradictions," between which he evidently sees no difference for he uses them as interchangeable terms (page 367), and after accusing me of "sheering off from the difficulty" about the thirst symptoms of *Sarsa.*, repeats his question: "If it is true that *Sarsa.* produces a *total want of thirst, during the whole period*, how in the name of goodness can it have an opportunity of producing thirst at any time?"

I sheered off from this, *Dr. Cockburn's difficulty*, for the time, in the hope that he would, ere now, have found out that his "flat contradiction" was in reality neither contradiction nor difficulty. But as this is not the case, I must now tell Dr. Cockburn—what, I confess, I wonder much that he needs to be told—that our medicines have been proved, not by one (in which case alone could his

contradiction have been a true difficulty), but always by several provers at a time, and often by very many, as the medical men named by Hahnemann were not mere individual provers, but co-observers with him in the work (*mit-beobachter* is the word he uses); and surely Dr. Cockburn can understand how one prover would be affected in one way by the drug, and another in another, just as the same disturbative agent daily affects differently different persons who are exposed to it.

The explanation being so simple, and the whole matter so rudimentary, Dr. Cockburn surely will not now think very hardly of me for my implied suspicion of him in my first paper, when speaking on this subject. Before proceeding further, however, I must inform him, that, in propounding the question which I have now answered, he is *himself* taking part with our opponents, and particularly with Dr. Simpson of Edinburgh, who made against the Materia Medica the *same charge* of contradictions, and whom Dr. Henderson has so thoroughly answered at page 253 of his *Homœopathy Fairly Represented.*

Dr. Cockburn gets into great difficulty about what he calls the "tobacco controversy." He is unable to see how diseases can tell upon the daily habits of life, for he says (page 370):—"Diseases stand in a particular relationship to normal conditions and functions, *and not to the eating of pea soup, or the smoking of tobacco*" [italics mine]; neither can he see how a man may be so thoroughly habituated to the smoking of tobacco, that the want of inclination for it shall constitute a morbid symptom. His confusion gets deeper about the sweet taste, which puzzles him sadly, and which he thinks must be nice; and while accusing me (page 372) "of having for the time overlooked the real object of drug-proving, or of having very confused notions regarding it," he winds up this part of his subject with the following words, which I quote verbatim:—"He (Dr.

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Cameron) would have us believe that 'no inclination for tobacco' is a symptom of Sarsa., and ought therefore to have been recorded. But this cannot be the case. 'No inclination for tobacco,' if of any significance at all, must be a curative symptom, and Sarsa. ought therefore, in its pure action on the organism, to produce actually *an inclination* for tobacco. Does Dr. Cameron believe that *Sarsa.* ever did or can produce an inclination *for* tobacco? And if it cannot produce such an impression on the healthy, how can it ever cure such a morbid condition?"

If this is lucidity, my confusion is unquestionably very great, for I cannot even make out what morbid condition Dr. Cockburn would have removed. If it is an *inclination for* tobacco, I nowhere said that this is a symptom of *Sarsa.*, nor that *Sarsa.* can cure it. If, on the other hand, it is a *dis*inclination (of which alone I spoke), that cannot be cured by *Sarsa.*, *because it never produced an inclination for smoking*, then Dr. Cockburn's ideas of the "vital part of homœopathy, from which there can be no consistent departure," are very different from those which are generally entertained by its practitioners.

Mr. Wilson and myself acknowledge Hahnemann as our Master in the Art of Healing, and ourselves as his disciples, and because we do so, Dr. Cockburn accuses us, and all who do likewise (pages 373 and 375), of putting him in the place of our Blessed Lord. I object most strongly to this needless introduction of the sacred name, and I entirely deny the truth of the accusation. Nevertheless, I assert my right to call any man Master in any Art or Science in which I see it well to accept his teaching, and maintain that, in so doing, I do not interfere, in the slightest degree, with the worship and reverence which I owe to Him who is the One Master, and Lord of All.

Dr. Cockburn says that the man who gives nothing but

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the 30th potency in all diseases, and who practises his profession by holding one globule of same potency under his patient's nose, is a myth, and nowhere to be found. Possibly this may be literally the case; nevertheless, there are many, and I know some, even in this country, besides myself, who never use medicines in any dilution lower than the 30th, and who also give medicines by olfaction, in suitable cases.

Dr. Cockburn writes:—"The low-dose man can shew that he has both the teaching and practice of Hahnemann in his favour; but the 200th potency-men have separated themselves entirely from their great teacher, and can neither appeal to his teaching nor his experience in support of their position;" whereas *the very reverse* is the case, as Hahnemann's works everywhere testify. But for much information in small space, as to Hahnemann's views and teaching on this very matter, I beg to refer Dr. Cockburn to pages 221 and 231 of Dudgeon's translation of fifth edit. of *Organon.* At page 221, in a footnote, Hahnemann says that the reason why men choose low dynamisations is either because, *like himself twenty years before he then wrote, they do not know better, or, because the medicines they use are not perfectly homœopathic* [italics mine]; and, at page 231 (also in a footnote), he states that, the higher the attenuations are carried, the *more rapid* and *penetrating* [italics mine] does the action of the remedy seem to become, with but little diminution of strength, "even—up to the 100th and higher; only that then the action always appears to last a shorter time."

Dr. Cockburn asks why there should be two sections in the homœopathic body? Let himself and those who think with him answer the question. Meantime, the fact that there are two sections is indisputable; and if Dr. Cockburn's papers are any indication of how opinion and inclination

run in his section, the breach which now lies between the two must, instead of being healed, become wider day by day. There must be some closer bond than mere community of name, to render men true brothers and friends; and as long as one party repudiates and wishes to sweep away as rubbish what the other regards as of the utmost value, all calls to union are worse than useless.

I have only to add, in conclusion, that, should Dr. Cockburn honour me with an answer to this paper, I must decline to reply unless the matter is of such a character as really to call for notice, for it is but waste of time to contend with one who is so "regardless of evidence" in his argument and statements, and so heedless of all law as I have shewn Dr. Cockburn to be.

ATMOSPHERIC PHENOMENA.

By Dr. Tuthill Massy.

Atmospheric phenomena at home and abroad are daily brought before us, to teach us more fully the therapeutic action of these meteorological changes. A return from the *Registrar-General*, authentically compiled, and made up to the last day of December, is reviewed in the following language by the *Times*:—

"The quarter last ended was not a healthy quarter. The mortality prevailing during the three months was above the average. It was highest, too, in that division of the kingdom which includes the districts of the cotton manufacture; but, for all this, it can be shown that this increase of deaths is not attributable to the stagnation of industry. What has happened is only what happens whenever the public health is affected by the character of the season. Certain districts feel the deleterious influence more sensibly than others, and the cotton districts are among the most susceptible. Yet, as a matter of fact, Lancashire and Cheshire did not suffer quite so much as Yorkshire, and

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even in Lancashire the area of increased sickness was by no means commensurate with the area of the Cotton Famine. O the 26 districts into which, for the purposes of these statistics the county is divided, 13 were actually more healthy than usu —that is to say, the deaths returned from them were fewer tha in 1861. In this class stand the districts of Bolton, Ma chester, Salford, Burnley, and Preston; so that the Cotto Famine is clearly not accountable for the figures of the Retur

"The result, in short, is set down without hesitation to t account of the weather. October was a warm month, warm than usual, and November opened with the same kind of te perature. But on the 6th of that month extraordinary cold s in, and continued till the 2d of December. Then the he returned, so that in each of the three months the temperatu was somewhat unseasonable. October was one of the warme Octobers known for 15 years; November the coldest, with tw exceptions, known for 33 years; and December the warmes with three exceptions, known for 19 years. To these abru fluctuations of heat and cold, combined with a slight excess wet, the increased mortality of the quarter is ascribed, and was felt in some places more than others simply because those places sanitary conditions were less generally favourable

There is an old tradition or poetic prophecy in t keeping of the *British Museum*, which tells us what is transpire this year. It is written thus:—

"If Christmas on Thursday be,
A windy Winter you shall see;
Windy weather in each week,
And hard tempests, strong and thick;
The Summer shall be good and dry,
Corn and beasts shall multiply;
That year is good for lands to till;
Kings and princes shall die by skill.
If a child born on that day shall be,
It shall happen right weel for thee;
Of deeds he shall be good and stable,
Wise of speech and reasonable.
Whoso that day goes thieving about,
Shall be punished without a doubt;
And if sickness that day betide,
It shall quickly from thee glide."

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The Melbourne correspondent of the *Telegraph* writes from Australia, Jan. 26th, in these words :—

"That fertile subject for conversation amongst Englishmen generally, the weather, has lately occupied more than its fair share of attention. Christmas time and the commencement of the new year are with us the height of our summer season, and ordinarily speaking very hot. The last day of last year was very peculiar. For a week previously it was close, but on that particular day the atmosphere was heated. In the evening the wind suddenly changed, and we were visited by a tremendous thunderstorm. The force of the wind was such that heavy vessels in the bay were driven from their anchorage, houses were unroofed, and in some cases blown down. The heat may be imagined when it is stated that the thermometer marked 140 deg. in the sun, and 110 deg. in the shade. A short time after, on the 13th of the present month, there was a terrific thunderstorm, which, commencing about six o'clock, lasted till near midnight. The storm when at its height was fearful, a tremendous gale blowing, accompanied by torrents of rain, thunder, and most vivid lightning. The mail steamer Madras, which was coming up the bay at the time, was obliged to cast anchor; a heavy squall struck her and parted the cable; fortunately the remaining anchor, which was let go, held, otherwise she would have been assuredly wrecked. Some notion may be formed of the quantity of rain when it is stated that nearly an inch fell during the night."

We shall leave our colleagues at the Antipodes to comment on the influence of their atmosphere in producing the large amount of mortality among children, which has been from year to year brought before us, and on which we can form no just conclusions.

A letter from the French troops in Mexico, states that since they arrived on the lofty plain of Anahuac, "the health of the troops has considerably improved; cheerfulness has returned." These few lines are sufficient to draw the army surgeon's attention to the change of air on troops.

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The wintry weather of this year has been so unusu fine, and *our home climate* has so improved, I wish to record one of the

METEOROLOGICAL REPORTS.

Thursday, Jan. 29, 8 a.m.	B.	E.	D.	W.	F.	X.	C.	I.	H.	R.
Nairn	29·02	44	3	S.W.	6	3	4	c.	—	—
Aberdeen .	29·14	46	3	S.S.W.	6	8	9	r.	4	0·25
Leith	29·25	48	3	W.	4	6	7	o.	—	—
Ardrossan .	29·30	47	3	W.S.W.	7	9	8	r.	10	0·65
Portrush ..	29·29	42	3	S.	4	4	7	o.	—	—
Galway ..	29·58	49	2	W.	4	6	6	o.	2	0·25
Valentia ..	29·78	50	2	S.W.	4	7	7	o.	3	0·20
Queenstwn	29·81	50	0	W.	3	8	4	c.	16	1·13
Holyhead ..	29·62	48	1	S.S.W.	6	8	3	c.	2	0·12
Liverpool ..	29·65	49	4	S.S.W.	5	8	2	b.	3	0·06
Pembroke .	29·86	49	1	S.S.W.	5	6	2	m.	2	0·15
Penzance ..	30·00	51	1	W.	6	7	8	o.	4	0·15
Brest	30·16	50	0	S.W.	3	3	9	o.	—	—
L'Orient ..	30·16	50	1	S.	3	3	9	o.	—	—
Rochefort .	30·36	41	1	S.	4	3	5	m.	—	—
Plymouth .	30·00	50	1	W.S.W.	7	5	9	r.	4	0·12
Weymouth	29·99	50	1	S.W.	5	5	—	3 f.	3	0·10
Portsmth...	29·95	48	2	S.W.	7	6	6	o.	—	—
Kew	29·92	49	2	S.W.	5	—	9	o.	—	—
London ..	29·92	50	2	S.W.	7	8	9	o.	—	—
Yarmouth .	29·84	44	1	W.S.W.	6	3	9	o.	—	—
Scarboro' ..	29·58	48	1	W.	5	6	7	c.	—	—
Shields ..	29·49	48	3	W.	3	3	2	c.	—	—
Heligoland	29·05	38	0	S.W.	6	3	8	o.	—	—

South Cone all round the Coasts this Thursday, followed by Drums.

PROBABLE.

Scotland.

Friday. W.S.W. to N.N.W.; a gale, with rain.

Saturday. W.N.W. to N.N.E., strong; ra or snow.

Ireland.

S.S.W. to N.N.W., gales; lulls, rainy.

W. to N., strong, unsettled.

W. Central.

W.S.W. to N.N.W., gale, rainy.

As next above.

N. W. France.

As above.

N.N.W. to N.N.E., strong.

S. E. England.

Similar.

As next above.

E. Coast.

S.S.E. to W.S.W., and to N.W., gale in places.

N.W. to N.E. and E., strong, squall

Explanation.—B. Barometer, corrected and reduced to 32 deg. at mea

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sea level; each 10 feet of vertical rise causing about one hundredth of an inch diminution, and each 10 deg. above 32 deg. causing nearly three-hundredths increase. E. Exposed thermometer in shade. D. Difference of moistened bulb (for evaporation and dew point). W. Wind, direction of (true—two points left of magnetic). F. Force—1 to 12—estimated). X. Extreme force since last report. C. Cloud (1 to 9). I. Initials:—b., blue sky; c., clouds (detached); f., fog; h., hail; l., lightning; m., misty (hazy); o., overcast (dull); r., rain; s., snow; t., thunder. H. Hours. of R. Rainfall, or snow, or hail (melted), since last report. S. Sea disturbance (1 to 9). Z. Calm.

Among all the public reports for this year, there is no return from Hastings; but it may be more instructive if I go back a few years, to exhibit the meteorological changes:—

WEST READINGS DURING THE GREAT COLD OF DECEMBER, 1859.*

Camden Town.	Clifton.	Near Nottingham.	Betchworth.	Highfield House.	Stations of the Hastings Meteorological Society.			Number of degrees of difference between the mean of Invalid Climate and other Stations.				
					High Wickham. Exposed. 212 feet above the Sea.	Invalid Climate.						
						George St., Hastings.	Marina, St. Leon.	1	2	3	4	5
25·2	22·7	..	..	23·5	27	27·5	27 5	2·3	4·8	..	..	4·0
24·2	21 2	..	..	21·0	27	27·0	27·5	3·0	6·0	..	..	6·2
20·7	18 7	..	..	15 8	[illegible]	24·5	26·0	4·5	6·5	..	..	9.4
14 4	13·7	..	14·	10·8	23	24·0	25·0	10·1	10·8	..	10 5	13·7
17 7	11·4	..	13·	9·5	23	....	26·0	8 3	14·6	..	13 0	16·5
14 9	10·2	4	12·	7·0	21	23·5	25·0	9 3	14 0	28·2	12·2	17·2
18 4	18·4	5	1·	..	28	30·0	30 5	11·6	11·6	25 0	29·2	..
1	2	3	4	5	6	7	8					

* Sir,—Permit me to call the attention of those interested in the question of climate, to the immunity we have enjoyed from the extreme cold which affected the rest of England. The annexed table will explain itself. I may, however, observe that the latter portion of it reads thus:—On the 19th the lowest temperature attained at Hastings was 9·3 degrees warmer than Camden Town, 14· warmer than Clifton, 28 2 than near Nottingham, 12·2 than Betchworth, and 17·2 warmer than Highfield. As a type of the exposed stations of our society, I have inserted the

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readings of Mr. E. Field, at High Wickham; the others do not vary sufficiently from this to occupy your space. A word as to the instruments. Those of No. 6 and 7 are by Negretti and Zambra, the position of No. 7 chosen by Mr. Glashier, No. 8 is by Casella compared with a Kew standard.

I am, Sir, your obedient Servant,

CHARLES SAVERY,
Hon. Sec. Hastings and St. Leonards
Meteorological Society.

To help us in the study of atmospheric phenomena, I shall go back another *four years*, and make a selection or two from Dr. Scott's "Tables on Temperature." The learned author of the *Medical Topography of Queenstown* writes:—

"An unusual severity characterized the early part of the present year. The cold of February was unprecedented. To shew its relative influence over different parts of the kingdom, the following Tables have been drawn up. The Maximum and Minimum Observations were made with self-registering thermometers. In giving the Daily Registers in full, the fluctuations and continued low state of the temperature can be more readily observed and compared. In this town the instruments are placed 140 feet above the tide mark; careful observations have already assigned a higher temperature, of from one to one-and-half degree, to the first eighty feet of elevation, within which line January may be expressed ot 42° 7′ and February at 37° 5′, the thermometer in the latter month not having fallen lower than 25°. The sun's influence may be estimated by the temperature maintained in a sitting room of southern aspect, and without a fire, where at 9 A.M. the mean in January was 47° 8′ and in February 41° 7′.

"*Queenstown, June* 1855."

Dr. Scott will pardon me for drawing so largely from his labours, but I cannot resist giving *February* 1855:—

MAXIMUM, OR DAY TEMPERATURE.

February.	Guernsey.	Ventnor.	Torquay.	Exeter*.	Rothesay+	Armagh.‡	Dublin.‖	Liverpool.	Edinburgh.	Bristol	Hastings.	Greenwich.	Chiswick**	Cork.§
1	35	32	31.7	35.	34	32.7	35	32.2	33.5	32	32	31.5	33	37
2	34	40	34.	34.5	35	[redacted]	[redacted]	34.6	36.5	34	24	29.4	32	36
3	35	45	44.8	45.	[redacted]	35.6	38	36 7	37.	39	40	39.6	39	37
4	38	47	47.	49	[redacted]	41.2	[redacted]	41 6	38.5	..	40	39.0	39	39
5	39	45	41.7	42 7	40	39 8	42	41.4	41.	39	40	40.4	40	41
6	41	36	36.3	37	[redacted]	40.	41	39.2	38.	37	40	36.	35	42
7	39	35	35 0	37.	39	39 9	41	38.7	39	34	36	34.	[redacted]	40
8	35	37	35 7	33.	37	35 3	40	37 2	38 5	36	33	31.2	[redacted]	38
9	38	34	34.3	33.	32	33.6	35	30.4	33.5	30	30	31	30	39
10	37	33	30.3	35.	33	32.0	35	31.4	33.	34	28	33.	30	38
11	38	37	33.3	35.5	36	34.7	35	32.9	34.	..	30	36.5	35	37
12	40	38	32.7	36.	35	36.	37	35.2	36.	31	30	36.	36	38
13	40	29	29.3	33.	35	34 7	38	35.1	34 5	30	27	30.	29	37
14	41	37	33.3	35.	32	32.5	35	33.5	34.5	27	30	34.	36	38
15	37	37	32.	34.	31	32.5	33	33.6	31.5	30	30	31.	34	32
16	33	32	30.	33	[redacted]	30.9	34	33.1	31.5	30	28	32.8	32	36
17	32	26	26.3	28.	33	31.2	35	30.7	28.	29	22	29.8	27	33
18	39	32	30 7	32 2	35	37.2	34	32.8	31.	..	23	31.7	29	36
19	38	35	33.7	37 7	33	38 1	31	35.9	37.	25	33	33 4	33	37
20	36	38	35,3	35 5	35	35.5	36	37 3	36.5	30	31	[redacted]	35	37
21	41	31	33.0	32.	32	31 8	35	32.9	35.	28	..	32.	30	38
22	44	40	38.3	37.	32	33.5	35	31 0	32 5	31	..	37.	34	44
23	49	43	40.3	41.	35	38 9	39	30 7	33	32	34	36.	37	46
24	48	45	43.7	50.	38	38.5	38	38.3	35.	36	36	41.2	44	47
25	52	46	47.0	55.	36	38	44	39.8	40.	..	40	48 4	49	50
26	54	49	48.3	48.5	37	38.	42	39 2	36.	41	43	43.8	40	52
27	51	45	49.3	49.	37	44	44	38.6	38.	42	37	37.8	42	51
28	49	46	50.	49.5	42	45 9	51	41.4	40	40	42	47 8	50	50

* Dr. Stapter. + Dr. Maclachlan. ‡ Observatory ‖ Chamber Commerce. § Ordnance Survey.
¶ Magazine of Natural History ** Royal Institution.

MINIMUM, OR NIGHT TEMPERATURE.

1	29	27	28.	25.	30	26.8	28	28.7*a*	27 5	23	20	25,4	17	28
2	30	27	29.	25.	32	24.	29	26.5	23 5	26	20	22.2	27	27
3	30	27	33.7	38 3	35	33.	30	32.2	32.	30	30	27.8	23	29
4	32	40	38.	33.8	37	35	29	34.3	33.	..	33	32.5	33	32
5	34	38	[redacted]	33.5	37	34	36	35.5	35.	31	[redacted]	33.3	31	32
6	34	34	33.	31.7	37	32.5	35	32.9	31.	30	32	32 2	29	35
7	32	33	29.3	25.	31	32.8	30	30.	33	24	28	30.2	27	32
8	31	30	29.7	27.	31	28.	30	28 8	29.	26	27	28.2	27	29
9	28	30	27.3	25.	31	29.	28	27 9	28	20	20	26 5	[redacted]	28
10	32	27	22.7	19.5	31	26.6	29	25.5	29	19	16	17.4	1	31
11	26	24	26.7	19.	33	22.7	26	24.9	29	..	20	14 5	20	22
12	31	28	26.7	19.	31	25.2	30	26.	26.	20	22	23.2	23	24
13	26	27	23.	20.	29	21.4	23	24.3	24.5	20	20	23.2	0	23
14	24	21	20.7	14.	27	20	[redacted]	23.7	23.5	19	17	13.8	17	[redacted]
15	26	22	29.7	17.	[redacted]	16.5	13	22 9	20.	20	17	22.5	10	24
16	29	26	21.3	17	25	20	24	22.5	15.5	20	16	19.2	19	28
17	27	21	[redacted]	16.	23	19.1	24	19.3	14.5	19	18	18.	2	22
18	24	23	27.	18.5	30	18.4	15	21.	18.	..	15	13.1	3	20
19	25	25	25.7	20.	28	24.	17	22 9	21.	16	17	11.1	20	25
20	27	25	26.3	18.5	31	23.1	28	25 1	25.	24	17	19.3	[redacted]	[redacted]
21	33	21	30.	[redacted]	29	24.4	28	22.	22.	15	..	[redacted]	10	31
22	36	25	34.7	31.	29	25.4	29	21.7	23.	[redacted]	15	17.8	23	33
23	33	[redacted]	[redacted]	27.	30	29.5	31	26.4	22.5	26	26	24.8	18	33
24	35	33	39.7	34.	32	26.6	[redacted]	26.1	26.	24	31	29.3	[redacted]	32
25	42	[redacted]	41.3	40.2	34	33.6	[redacted]	33.6	31.5	..	[redacted]	30.5	[redacted]	39
26	45	[redacted]	[redacted]	35.	[redacted]	33.1	36	34.1	31.5	33	[redacted]	34.5	[redacted]	[redacted]
27	45	36	41.3	[redacted]	35	35.	36	33.9	32.	38	33	32 4	[redacted]	[redacted]
28	39	38	41.7	36.	35	35.3	37	37.4	33.	33	35	35.7	[redacted]	[redacted]

* Liverpool Observatory.

SPHERIC PHENOMENA.

[illegible] and useful hint is given us in this [illegible] by which we learn the excellency [illegible] for the *true* invalid. We travel for [illegible] recreation, but with the dove we must [illegible] safety and comfort.

[illegible] the races of men who inhabit this globe [illegible] of study, with the air which they [illegible] curious collections are from the [illegible]

[illegible] by 1,288 millions of inhabitants, [illegible] the Caucasian race; 552,000,000 of the [illegible] of the Ethiopian, 1,000,000 of [illegible] and 200,000,000 of the Malay races. All [illegible] 3,064 languages and profess 1,000 [illegible]

[illegible] per annum is 333,333,333 or 91,954 [illegible] per minute, or 1 per second; so [illegible] our heart a human being dies. This [illegible] by an equal number of births.

[illegible] of life throughout the globe is 33 [illegible] its population dies before the seventh [illegible] before the seventeenth. Out of 10,000 [illegible] reaches his 100th year; only one in 500 his [illegible] in 100 his sixty-fifth.

[illegible] live longer than unmarried ones; and a tall [illegible] longer than a short one. Until the fiftieth [illegible] better chance of life than men; but beyond [illegible] chances are equal. Sixty-five persons out of a [illegible] months of June and December are those [illegible] are most frequent. Children born in spring [illegible] stronger than those born in other seasons. Births [illegible] occur at night. The number of men able to [illegible] eighth of the population.

[illegible] the profession exercises a great influence on [illegible] of 180 of each of the following professions [illegible] their seventieth year is:—Among clergy-

men, 42; agriculturists, 40; traders and manufacturers, 33; soldiers, 32; clerks, 32; lawyers, 29; artists, 28; professors 27, and physicians 24, so that those who study the art of prolonging the lives of others are most likely to die early, probably on account of the effluvia to which they are constantly exposed.

"There are in the world 335 millions of Christians, 5 millions of Jews, 600 millions professing some of the Asiatic religions; 160 millions of Mahometans, and 200 millions of Pagans. Of the Christians, 170 millions profess the Catholic, 76 millions the Greek, and 80 millions the Protestant creeds."

TWO CASES OF SPINAL DISEASE.

By J. H. Nankivell, Surgeon, Penzance.

Case I.

Henry John Goodman, of St. Austell, came to the Penzance Homœopathic Dispensary on last New Year's Day. He stated that he was born in London, and that his age was 22. Until the age of 11 years he had been a healthy child; but about that time it was noticed that his right shoulder was projecting. His medical attendant directed him to spend much time lying on his back, and some sort of steel support was fitted to his spine. *He was further directed to take up heavy weights in his hand, and swing them to and fro several times a day!* It is difficult to understand how any surgeon could recommend such an exercise as this, which must have necessarily been prejudicial. Had the patient been directed to grasp with his hand a horizontal fixed pole, and thus call into action the muscles of the arms and chest, by lifting himself off his feet, or in this manner to swing himself, some good might have been done. However, the sequence, and to some extent the consequence of the queer treatment adopted was, that the deformity went on from bad to worse, and terminated in a curvature both lateral and angular; and so the patient has gone on to the present time, suffering

much from general debility, but in possession of a quick intelligent mind, and a good share of animal spirits. Of late he has been much alarmed at the onset of shifting pains under the knees, and from thence downwards, through the calves and feet, accompanied with a catching and sudden yielding of the joints (especially of the knees), and this to such an extent that his ability to walk is seriously impaired, and he has a great fear that if he does not soon get a remedy he shall be entirely crippled.

Looking at the history of the case, one would naturally think of that most noble medicine *calcarea carbonica*, in the pathogenesy of which we find—**Heaviness* of the lower extremities—Painful weariness of the lower extremities—Tension below the knees when cowering—Pain in tarsal joints, as if broken, when walking—Pain in malleolus of right side when setting the foot down, as if the foot would become dislocated, &c. These and other symptoms were sufficiently LIKE, and *calc. carb.* 5 was given, 1 drop, in a wine-glassful of water, three times a day.

January 5th.—Goodman states that he had a sensation of tingling in his limbs soon after he began to take the medicine, as if it was searching through his system; that he now felt as if he was a new man; improved generally; could walk with firmness; had no pains or weakness in knees and legs; and that his condition, as compared with that of a few days before, was as different as light from darkness.

January 9th.—Feels well, and was discharged.

CASE II.

A. B., aged 24, states that she was a florid, healthy girl until the age of 15; she still retains a ruddy, fixed colour, but the face has a pained expression. When 15 years of age she first complained of pain and weakness in the back, and after some months the spine began to protrude be-

TWO CASES OF SPINAL DISEASE.

tween the shoulders. The disease was not treated according to the dictates of common sense. She was directed to lie on the hard floor several hours a day, and at other times to carry a heavy *weight in each hand.* The malady went on so as to produce angular curvature, and the legs became very weak—so much so, that she walked with great difficulty. The arms have always retained undiminished strength. I visited her on the 4th of April, when she complained of much pain in the lowest part of the spine, and gradually increasing weakness in the legs; she cannot walk across a room without support; has severe headaches and ebullitions of blood in the face; often brings her food into the mouth without retching or vomiting—indeed by an act of (*quasi*) rumination; has a little cough, which aggravates the pain in the back; sleeps well; is unable to lie on left side; pulse 90, small and thready; does not have a period, unless it is brought on by strong medicines; took medicine of this kind eight months since from the village doctor, and it had the desired effect; took a similar medicine five weeks since, and had a period, which lasted only two days; has felt much weaker since the operation of the last medicine. I prescribed a few doses of *arnica*, and afterwards *calc. carb.*

April 29th.—Complains of a dead numb sensation at the lower part of the abdomen, and a twisting pain there; the legs are extremely weak—so much so, that she has difficulty in dragging one before another; is quite unable to continue in her situation as a shop girl. I find that there is some œdema of the feet; the left leg has been much swollen for twelve months. Bowels act every day; the call to this relief is sudden and urgent; micturition is very frequent, and also sudden; digestive organs much as usual; a feeling on the skin as if it was too tight. She was ordered *nux vom.* 3 every night, and *sulph.* 30 every morning. It is very evident that this case is of a much

more severe character than the first, and I suspect that there is some degree of congestion in the membranes of the spinal marrow; but whatever the exact pathology may be, and it is impossible to predicate with any degree of certainty, one cannot despair of giving some relief, even in cases which seem almost hopeless, after witnessing, as we often do, such rapid and beautiful recoveries under the influence of our remedies.

In Rückert's Therapeutics several cures of paralysis are related by means of *rhus.*, *bryonia*, and more especially by *cocculus indicus*; but not one of these cases (from any thing stated in the recital) arose from vertebral disease or spinal deformity. Oh, for a good homœopathic "Practice of Medicine!" It is little better than mockery to throw us back on Repertories and the "Totality of the symptoms." I will grant that each case is a separate study; but much might be done, by grouping cases, symptoms, treatments, so as to afford, *lux in tenebris*, a landmark to assist us in our voyage of discovery. There must be ever recurring cases all but identical in their character.

Remarks.

I subjoin a few observations which are suggested to my mind by the foregoing cases. All so-called cures, whether homœopathic or allopathic, require to be thoroughly sifted and examined by the most rigid tests, if they are to be considered as of any value as a groundwork for our therapeutic knowledge; and in dispensary practice, more than ordinary caution is required in weighing the statements made by our patients. Some of them (mayhap almost unconsciously) give a too favourable account of their condition, from a kind-hearted desire to please the doctor, or the lady or gentleman who has furnished them with a ticket. In the case of Goodman, however, there was nothing of this kind to warp his

judgment. He came to us as a perfect stranger, paying his fee of 2s. 6d., and scarcely expecting to receive any benefit. In the course of ten days he was in his usual health; and, after warmly expressing his gratitude, he returned to his home in a distant part of the county.

Now, were the symptoms of which this man complained of a grave character, or were they of trifling importance? My own impression is that they were the same in kind as those of No. 2, although different in degree, and that the testimony which he accorded to the value of homœopathic treatment was disinterested and honest.

Whatever the pathological condition of the spinal canal and its contents might be, it was manifest that the innervation of the lower extremities was much impaired. Of the manner in which the medicinal "simile" acted on the disordered condition of the blood vessels of the nervous structures, or on the nerves themselves, the present state of our know ledge does not enable us to say much with precision; because if indeed we were able to see the physiological effect produced by the impression or stimulus, or impulse or dynamis of a medicine, we should not be much nearer an answer to the fundamental question, How or why such an effect is or can be produced? One thing is certain: we are often able, by means of a well chosen drug, to produce a sudden and curative effect, which effect is not roundabout, but direct and artistic.

Every homœopathic physician who has had allopathic experience knows that cures or recoveries, or whatever our opponents choose to designate these, would, *do* take place under the operation of the law of *similia similibus curantur*, in a manner very unlike that which is met with under the law of *contraria contrariis*, &c.; and we say this with no hostile feeling towards those of our medical brethren whom we have been compelled to leave. One thing is very odd; the homœopath can regret the uncertainty and

imperfection of all medical practice; he can, *inter alia*, criticise good humouredly the wonderful fact that men's bowels are, for the most part, troubled and disturbed by purgatives whenever any disease invades their system; and he may feel sad at this and that and the other thing in allopathy, which, according to his judgment is wrong. But the moment an allopath speaks of our art, it is done either with foolish ribaldry, or with most passionate invective; so much is this the case, that even when the allopath keeps on terms with his homœopathic neighbour the subject of medicine is put under a stern ban; it cannot be mentioned, except with the hazard of sacrificing friendship.

A short time since a homœopath met a gentleman possessing a reasonable share of liberality. The latter, in the course of conversation, repeated the stereotyped expression that the medical faculty in general attributed all homœopathic cures to the recuperative powers of nature. The reply was that there was much of truth in the observation, and that we felt deeply indebted to Dame Nature; but that we did consider it passing strange that it should never occur to the blessed minds of the allopaths that their cures were also effected by nature, and, for the most part, maugre the violent and disturbing forces introduced by them into the human organism, and, *ergo*, that the wonderful personage alluded to, even Nature herself, does make more surprising effort on their behalf than on ours.

That the leaven of homœopathy is working and producing a change in the character of allopathic practice, is generally acknowledged, and for this modicum of good we are bound to rejoice; but even now there remains a huge amount of barbarism to be got rid of, and allopathy cannot but belong to the same category as all other old world superstitions and fanaticisms, so long as it stoops to the inhumanity of persecution and proscription of all who venture to think for themselves. It wears a billet over its

eyes, not for the purpose of dispensing justice in the world of medical science, but because it will be blind to everything except to its own imaginations. It has no faith in homœopathy—it will not believe in it: in truth, it cannot, so long as it refuses to listen to the "iron logic of facts." And, as a general rule, the most aggressive and offensive opposition to homœopathy is manifested by those who are lowest in the scale of intellectual development; for it always happens according to the words of the old song, "When the judgment's weak the prejudice is strong." Indeed, the prejudice of the educated classes is as difficult to remove as the dogmatism of the ignorant. The Jews have no dealings with the Samaritans; but there is a grand Power in the universe which is ever on the side of truth and justice, although, for mysterious reasons, it allows them for a time to suffer indignities multiplied.

The conduct of a few in the dominant school is most unmerciful. A short time since, a patient, who had been for four years under homœopathic treatment for tubercular disease of left lung, was taken with severe and alarming hæmoptysis. His medical attendant was from home. An allopathic physician was sent for, and curtly refused to attend. An allopathic surgeon was then applied to, and he at once hastened to the house, and willingly proffered his service, *until the regular medical attendant should arrive.* All honour to him! But to the other?——Listen! "I say unto you, love your enemies."

The case No. II. will probably require a somewhat lengthy treatment; and I shall, whether I am successful or otherwise, take an opportunity of giving the sequel in some future number of the *Review.* It will have been noticed that the last medicines given were *nux vom.* and *sulph.*, and if any improvement takes place under the administration of these, it will be right to give each separately for a fortnight, in order to distinguish what may

TWO CASES OF SPINAL DISEASE.

have been the most useful remedy. The alternation o medicines is one which we all protest against, yet, fro one cause or another, are we prone to adopt it.

It may not be out of place here to give a few observa tions made by Herr Brucknerr and Professor Hoppe o the striking points of difference between the treatmen by allopaths and homœopaths of diseases of the brain an spinal marrow. The following is a condensation of som of their remarks.

In paralysis of the spinal marrow, the homœopath an allopath select a stimulating medicine, and both, in general select from the same group of medicines. In paralysi of the brain, on the contrary, the homœopath again select a stimulating medicine, but the allopath adopts a lowerin treatment. The allopath stimulates in spinal paralysis because he believes that the spinal marrow, or the bod generally, can bear a good onslaught with powerful me dicine, without such results from over stimulation as woul have arisen if the same medicines had been given in th same doses in brain affections of a paralytic character. I spinal paralysis, the stimulating treatment answers wel and it does not require much care or skill; but it i another case in brain paralysis; and here the allopat recoils, and well he may. For in the compass of the brai there are found entirely different relations. A very ex tensive form of congestion may exist in the brain—it vessels have a greater irritability than those of the spin marrow. In the region of the head lie most importan organs, which will not with impunity bear rough treat ment; and, finally, in the head the prejudicial (medicinal operations come out very prominently and formidably, so that the physician must be on his guard that he does not exhibit an agent which is too powerful. Therefore he avoids, in this case, an energetic administration of the exciting medicine, which he relies on in spinal paralysis;

and as there constantly floats in his mind the dread of the over stimulation of the brain, in which symptoms of excitement so easily and remarkably arise, he shuns stimulation altogether, and will probably continue to practise depletion in all such cases to the end of his days.

It is true that in spinal paralysis, prejudicial results, in greater or less degree, may readily follow in consequence of rough, injudicious, exciting treatment, but the evils already existing will only be somewhat aggravated, and there are not such noble functions to manifest themselves as in the brain, which latter always and promptly gives expression to a louder testimony, if it is subjected to mistreatment.

Indeed, the allopath frequently exchanges or alternates stimulation and depression with every symptom which crops out, and which appears to him to be one of excitement or paralysis. This to and fro are inevitable where pathology and the science of the properties of medicines afford but little guidance; and where two gross, general, ravelled ideas, two isolated, inexpressive words, Excitement and Paralysis, serve as stand points.

The homœopath, by his small doses, is able to avoid those rocks on which allopathic treatment suffers shipwreck; and by his law of similars and medicine symptoms, he advances to a better knowledge of disease: he is thus enabled to stimulate, where the allopath could not venture to do so.

The word Excitement, unless taken in connection with the tissue excited, is a useless word, and the word Paralysis in like manner. What the physician treats as *spinal paralysis* with *phos.*, *rhus.*, *nux vom.*, *secale*, &c., is nothing more than an affection of the blood vessels of the spinal marrow, &c.

NOTE.—This statement is of course confined to the early and remedial stage of spinal paralysis.

CASE OF SEVERE AND COMPLICATED PNEUMONIA.

By Dr. Capper, Ipswich.

Concluded, with Remarks on a Characteristic Indication for the Selection of Lycopodium.

By Mr. D. Wilson.

On the 13th of April, 1863, I was sent for, fourteen mil from home, to see a young lady, a patient of Mr. Wilson of London. She was spending the Easter holidays at t sea-side, when she became very unwell, and as Mr. Wils was so far off, I was sent for to see her.

She was 11 years of age, of Indian birth, very thi pale complexion, strumous diathesis, and of a high nervous temperament.

On the evening of the 10th, up to which time she h appeared in her usual health, she was sick two or thr times, and brought up some rice she had taken for dinne The following day she seemed out of sorts, and on t 12th complained of uneasiness down the right side of t chest and abdomen, and she had a slight hacking cough

When I saw her on the 13th, at 3 P.M., I found her bed, very hot and feverish; pulse 120; tongue dry a coated white; dyspnœa; extreme tenderness over t right side, from the clavicle to the crest of the ileu There was no dulness on percussion over the chest. T respiratory murmur was feeble on the right side p teriorly, but there was no crepitation.

The cough was short and hacking, increased on t least movement, and she expectorated without difficult small quantity of clear frothy mucus tinged with brig arterial blood.

Acon. 3, three ter. horis for three doses, then *bryoni* in the same way.

14th, 4·30 P.M. She had a restless night. After taki

CASE OF SEVERE AND COMPLICATED PNEUMONIA.

each dose of *bryonia* she appeared relieved, and perspired slightly. Cough and expectoration the same, but there is some dulness over the lower part of the right lung posteriorly, but no crepitation. She has taken a little arrow-root. The bowels have not been relieved for two or three days. Rep. *bryonia.*

15th, 4 A.M. Has been very restless; skin dry and hot; pulse 120; respiration 52; alæ nasi in rapid motion; posteriorly, dulness over the whole of the right lung, with crepitation; crepitation also over the lower third of left lung; anteriorly, dulness and crepitation over the lower third of the right lung; extreme tenderness all over the right lung, the liver, and the abdominal cavity on that side; expectoration very tenacious, frothy, and rust-coloured. The bowels were relieved this morning. *Phosphorus* 12, three horis.

As I considered her now in great danger, Mr. Wilson was telegraphed for, and on his arrival at 2 P.M. undertook the further treatment of the case, I continuing my attendance, in order to report to him of its progress.

When we saw her together this afternoon, there had been but little change since the last report. The dulness on percussion, and the crepitation, had not extended. It gave her pain to lie on the right side. Mr. Wilson gave her *lycopod.* 200, in solution, every two hours, and in the way of diet ordered her to have nothing but barley-water.

ADDITIONAL PARTICULARS, BY MR. D. WILSON.

The foregoing case, succinctly reported by Dr. Capper, forms one of many similar cases, some of great severity and danger, that I have treated by *lycopodium alone.* I shall in the present case give the details just as they occurred, and point out what I believe to be a *genuine characteristic* of *lycopodium,* hitherto overlooked, and by

CASE OF SEVERE AND COMPLICATED PNEUMONIA.

which I have been led to prescribe that remedy during the last twelve years, with great success, in the treatment of several affections occurring chiefly amongst children and young people.

The patient of whom we write came on a visit to London from school at the Christmas holidays, in very indifferent health, the symptoms of which I was informed had been manifesting themselves before the vacation through the mucous membranes of the stomach and bowels. She had, I believe, taken recently under advice several doses of *calc. carb.* When I saw her in town the symptoms then certainly corresponded with those of the remedy. Her condition passed on very speedily to an acute attack of dysentery, which yielded to one dose of *mercur. corros.* 200 (Lehrmann's), which was allowed to act without interference, as Hahnemann recommends. Subsequent to this, her symptoms indicated *graphites*, which she took, and finally returned to school quite convalescent. An occasional report informed me of her well-doing until the present occasion.

On the 13th of April, I was informed by letter in the morning that my patient, while spending her Easter holidays at a sea-coast rather exposed to the keen east winds, had been seized with an illness requiring the attendance of Dr. Capper. Before he had time to reach her, however, I received the following telegram: "Fever came on in the night; cannot move in bed, or breathe deep without pain in the right breast, going down and round about the liver; loose cough and slightly streaked expectoration."

I prescribed *lycopod.* by return of telegram, which reached just as Dr. Capper arrived. He wrote to inform me that he found the patient suffering from a pulmonary attack and congestion of the liver, and that he had not administered the *lycopod.* His next letter gave me the details which he has already recorded. On the evening of

CASE OF SEVERE AND COMPLICATED PNEUMONIA.

the 14th I received, too late to catch the last train, the following telegram: "Disease advancing; danger increasing; let nothing prevent your coming by mail train." Dr. Capper remained all night with the patient.

I saw her on the 15th, and noted the following condition: She was lying on the curve of her left ribs, midway between her spine and side, the legs drawn up and abdominal muscles relaxed. Her countenance was anxious, as also the breathing, which was very quick—50 to 60 per minute; the skin burning hot; tongue coated brown, red at tip and margins; her nostrils were in rapid fan-like motion; her answers were quick, anxious and tremulous; there had been some wandering.

There was great sensitiveness to the pressure over the right side of the chest, but most over the liver in particular, extending also over the abdomen. In the latter locality the sensitiveness manifested that acute kind which we have in peritonitis. The pulse was quick, and not very steady, ranging from 120 to 130 and more while I remained (about two hours). There was great thirst.

Auscultation revealed extensive bronchophony extending to under the right shoulder-blade. The crepitus was as yet but moderate, but the absence of vesicular breathing and the general heaving of the contained lung too clearly, independent of percussion, confirmed Dr. Capper'a diagnosis and revealed the extent and serious nature of the active pulmonary congestion, complicated with an inflammatory condition of the liver and peritoneum. The cough was frequent and hacking in character, provoked by putting the tongue far out. The expectoration was streaked with red blood and rusty to some extent, also very tenacious.

Upon this record I noted the following remedies for study: *acon.*, *arn.*, *bryon.*, *con.*, *cup.*, *dulc.*, *euphras.*, *lyco.*, *mag. m.*, *nat. mur.*, *scill.* It would be too tedious, and

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without any advantage, were I to detail the reasons that led me to single out these remedies for study. There is very little difficulty, however, in selecting from amongst them *lycopod.* as the *only* appropriate remedy, if that which I regard as an unerring characteristic of it should be confirmed by future well-observed clinical experience.

The symptom to which I allude, and which has never deceived me, is the *fan-like motion of the alæ nasi.* When this is very marked, the expression of the patient is often much pinched, and the entire expression of the eyes and general features is most characteristic, and once clearly recognised is never to be overlooked. Hahnemann in his introductory remarks to *Lycopodium* has called our attention to this remedy in shortness of breathing in children (Kurzäthmigkeit bei Kindern). The symptom, however, which has guided me to its selection in the diseases of children has been that of

"311. Nasen-Muskeln erst wie ausgedehnt, dann wieder zusammengezogen und verkürzt, wie aüfgestülpt. *i. e.* The nasal muscles are first expanded, then again contracted and shortened, as if turned up [but not *turned over like the brim of a hat!* as Hempel translates it in the *Chronic Diseases*].

This is the symptom, I presume, which has been translated in the *British Repertory,* at page 85, under "movements," as belonging to *Ledum;* but that drug, as far as I am aware, has no such symptom. The liberties that have been taken with this symptom by *compilers* and *translators* are a very fair specimen of what we frequently meet with, and bear us out in our strictures as to the manner "in which the magnificent works of Hahnemann and others have been so hacked and hewed and cobbled up again."

Jahr, for example, in his *Symptomen-Kodex der Homöopathischen Arzneimittellehre,* changes Hahnemann's text

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(Symptom 311), which I have already quoted, into the following: "Nasen*krampf*, muskel erst wie ausgedehnt, dann Wieder zusammengezogen und Verkürzt wie ausgestülpt." Here we have "Krampf" *manufactured*, and interposed between *Nasen* and *muskel*, with an altered punctuation to which we might fairly take exception—and what is the result? The result is, we find Hempel in his *supposed* translation of Jahr's aforesaid *Symptomen-Kodex* giving the English student of the Homœopathic Materia Medica the following incorrect version of the symptom: "Spasm of the muscles of the nose, which *feels* distended, then again contracted and shortened, *forming a thick bundle.*" By the unwarrantable use of the word "feels," the symptom, which is purely *objective*—symptoms for which there has been so much clamour—is converted into one that is *subjective*. Dr. Hempel probably considers his last translation in the American Jahr an improvement, since he translated the same words in the chronic diseases accurately enough, with exception of the rather too impressive expression, "*like the brim of a hat turned over.*"

It has been well remarked in a translated article in the *British Journal of Homœopathy:* "Truly we ought to be ashamed to endure any longer such shameful specimens of book instruction . . . . And it is by means of such asses' bridges that the Homœopathic Materia Medica is to be studied and is actually practised by very many medical men! Shall this scandal last longer?" In the year 1848 a "Homœopathic Publishing Society" was instituted by a few English homœopathists, but their promises have not yet been realized. Their undertakings have indeed been of a very desultory character. We should like to have some information in regard to the future intentions of this Society, now called we believe "THE HAHNEMANN SOCIETY." Two of the most active members of that Society are the journalists who, through the article to

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which I have referred, have given their readers some insight as to what is thought of the existing state of our educational literature. Yet some foremost men have been so wanting in circumspection as to solicit help in the construction of a "New Repertory," compiled as it must necessarily be, when existing translations are used, from such "hacked and hewed and cobbled up" rubbish! It would seem as if compilers and translators, whether they be English or Foreign, with a very few honorable exceptions, are nearly on a par when fairly tested by the rules of just and rigid criticism. *Book-making* and *trad* seem in most cases to have been hitherto the one grand object in view.

To proceed with our case.

This alternate contraction and dilatation of the nostrils when it accompanies hurried and anxious respiration in cerebral and thoracic affections, constitutes a perfectly quick and fan-like motion.* When clearly marked, no matter through what organ or tissue the symptoms of any attack of illness may manifest themselves, in children and young people, I venture to submit that the whole group of phenomena in such attacks will be found under *lycopodium*. This has at least been my experience, which has been abundantly confirmed in my private practice as well as by my dispensary records. In hooping-cough I have also found it a valuable indication for the selection of *lycopod*. My experience of the value of the symptom as regards adults is as yet incomplete.

* This symptom is one of no mean importance when we examine its anatomical and physiological relationships. It is not surprising that the nasal wings should be in a state of increased and peculiar action during difficult inspiration when the nervous centres belonging thereto are deeply involved. We will do well to remember that the compressor muscles of the nose are supplied with nerves from the *fifth* pair, which arise from the crus cerebelli, by *two* roots (motor and sensitive), thus resembling the spinal system of nerves.

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I will not longer trespass on the patience of the reader, but proceed with details.

For the treatment of the case in hand I selected, as Dr. Capper states, *lycopod.* 200 (Lehrmann's), prepared by contact instead of saturation;* 5 globules were dissolved in an ordinary tumbler of water, and one teaspoonful ordered to be repeated every 2 hours *until* the fan-like motion of the nostrils ceased, *then* to be repeated at longer intervals, until Dr. Capper pronounced the patient convalescent. Barley-water and milk-and-water were ordered for diet, but subject to his discretion. I need not say that we were aided in our attendance upon this most anxious case by the unfailing vigilance of a lady-superintendent of acute perception and judgment, as the reports will I think testify.

Her first report to me was as follows: "April 15th. First dose of *lyc.* caused a little more cough and sputa—decreasing in the second hour. Second dose of *lycop.*, followed by great quietness, very little cough, but the sputa purer blood, redder and clearer; breathing in the chest 45, as near as my unpractised fingers and watch can count; pulse 100; breathing in the chest, not from stomach; no change in the nostrils; wandering after dosing. Third dose—still greater quietness, until an attempt to lie on the left side, and to extend the limbs across the bed caused cough, producing a voluntary return to laying on the back. Then cough became quiet; deep sleep under this third dose, with quick loud breathing, and finally a turning on the right side, with a little cough, which passed off without change of posture.

"The sleep continuing with knees drawn up, and the

* On this question and dilutions generally, I shall offer some observations at a future time. My plan however merely carries into practice Hahnemann's statement of 1 drop being adequate to medicate 300 globues.

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figure curled up thus across the bed; breathing ve quick but not so loud; this at 11 o'clock at night. about 10 minutes the cough began again—she turne threw off the bed clothes, and said she must get up. O being soothed she settled down again on the back in th old attitude. Fourth dose at 11.30, whilst making an ther effort to lie on the right side. This was accomplishe without coughing, but she soon resumed her old postu again from evident discomfort.

"Thursday morning, nine o'clock, April 16th. Duri this interregnum I have been dozing by her side, t coachman's wife watching. She has had a night of qu alternating rest, coughing occasionally and raising t same sort of sputa, but so different from any previo night, proved by my venturing to lie down. I have ag been watching her for some time; the nostrils are mo quiet; but the same fan-like action is undoubted; t respiration seems to be 36 and the pulse 90 in the minu The whole face looks relieved, and the darling says, ' much better, I can lie a little on my side—could I n have some pictures to look at.' ½-past 11 A.M., last r port before noon-post. No action of the bowels sin yesterday afternoon; tongue unchanged; coughs wh putting it far out; lies on the back chiefly, but turns little on either side occasionally; sputa whiter, more froth not so stringy and tenacious; breathing from 30 to 3 pulse 85; no breathing from the stomach, but the rig lung heaves more than the left; the breathing varies.

"2 o'clock P.M. Steady improvement; now lyin calmly asleep on the left side, knees drawn up, ar thrown naturally over the stomach; breathing quiet an easy, though far too quick; the cough slightly increasing more power and effort, and the sputa less and less tinged whiter, freer and more frothy. Has borne the changin of linen of the bed nicely. The day is balmy, warm, sum mer and sunshine—a great help to us."

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At 4.30 P.M., Dr. Capper reports—

"Our little patient is certainly better; pulse 92, respiration 42. The inflammation of lungs certainly not extending. Moist crepitation all over the right side posteriorly, also the lower part of the left. Ditto over the lower half of the right anteriorly. The sputa is less tenacious and much less bloody. There is less twitching of the alæ nasi, and if any thing less tenderness over the liver. She has much less pain all down the right side. I believe all the other symptoms have been already mentioned to you."

Dr. Capper was aware I believe of the copious notes of events made by our lady superintendent, just as they occurred; and which form a very interesting study, as it is seldom that practitioners have such a favorable opportunity of seeing the minute and elaborate workings of a remedy as we have in the present instance.

Our lady assistant observer continues after Dr. Capper's visit—"7.30 P.M., last time for post. Pulse and respiration still 92 and 42; both more than in the earlier morning, as has always been the case. A good deal of heat this afternoon, but the day has been oppressive."

Surely such details of marked improvement, confirmed too by Dr. Capper, in a case of extreme gravity within the short space of 24 hours, ought to make men cautious before they venture to express rash opinions ridiculing the healing influences of attenuated doses of appropriate selections. Those who differ from us will see the folly of their idle assertions when they write that the men who cure their patients with the 30th and 200th dilutions are myths nowhere to be found. Such sneering detractors must surely never have read their Master's *Organon*, when they say that practitioners who administer dilutions above the 30th have abandoned the Hahnemannian creed.

In the *Organon* there is to be found upon the most

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undoubted testimony evidence that "Hahnemann appeared in the latter years of his practice to employ his whole dexterity in diminishing the dose more and more." Then again in answer to those who sneer at inhalation, Dr. Croserio writes: "My own wife was cured by him *in this manner* of a violent pleurisy in the course of *five hours.*" And again with regard to the assertions implying that Hahnemann did not prescribe dilutions higher than the 30th, I beg to quote from Dr. Dudgeon's translation of the *Organon*, page 331: "The higher we carry the attenuations . . . . . with so much the more rapid and penetrating action does the preparation seem to affect the vital force and to alter the health, with but slight diminution of strength, even when this operation is carried *very far*,—in place, as is usual (and generally sufficient) to $\overline{X}$, when it is carried up to $\overline{XX}$, $\overline{L}$, $\overline{C}$, and higher; only that then the action always appears to last a shorter time."

Does this not give a satisfactory answer to all such foolish assertions with regard to Hahnemann never employing dilutions above the 30th? The statement made by Hahnemann, that the higher the attenuation the shorter its action is, in my opinion, perfectly correct as regards its action in acute disease, and herein lies one of the great advantages of attenuated doses, as I shall hereafter explain, should a wrong selection have been made. At the same time the high dilutions enable us to repeat the remedy at short intervals of even a few minutes, with perfect safety in acute attacks, and with the most marvellous success if the remedy be correctly chosen.

To conclude with our case: the Report of April 17th 11·30 A.M. says—"Progress seems steady; a little heated and restless last evening, ending in a little fretful crying and sobbing, [action of *lycop.*] After this she was comforted and seemed like herself: at one o'clock she began to sleep quietly, scarcely waking or coughing till 7 A.M.

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Then much better, though a little more cough, as if to raise the accumulation of the long sleep. The sputa white and frothy, with a little colouring *inside* the piece thrown up by each cough. This has passed off, and she is now beautifully quiet, happy and amusing herself with pictures. Pulse feels to me weak and low—scarcely 70; respiration 38. She is losing flesh fearfully. The tongue is as you saw it—only the red tip and sides extending, and the coat thinner—breaking up—and the edges getting greyer. She lies on both sides easily; breathes softly; puts out the tongue without coughing, and the fan-like movements of the nostrils are much diminished. The action of each dose is wonderful. Friday evening—Dr. Capper is astonished at the rapid progress, he said: pulse 72; respiration 38."

Dr. Capper's own report to me, dispatched April 17th, Friday evening, says:

"I am glad to find our little patient decidedly better to-day. The pulse only 72; steady, and respiration 38. *Very little* tenderness over the liver; less dulness over the right lung; moist crepitation as before.

"Expectoration frothy, with hardly a tinge of blood. Bowels relieved slightly once. Her tongue looks much as when you saw it, but moister. The twitching of the alæ nasi has ceased. She is tired of the barley-water, and I gave her leave to have some gruel, and we spoke of chicken broth to-morrow. I have now ordered the *lycop.* to be repeated only every *three* or *four* hours."

April 20th—Dr. Capper continues: "Steady improvement; she has no pain; hardly any cough or expectoration, and what there is of the latter looks purulent. Crepitation has almost disappeared all over the affected part of the lungs. She can now lie in any position, and sit up without pain; Pulse 60; respiration 28. Her tongue is still coated, but clearing nicely from the tip. There is

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slight tenderness in the liver on deep pressure. She had some pain in the liver after taking some thickened barley, so that she has taken nothing since but barley-water. She is very hungry and craved for a biscuit, which I have allowed with boiled skimmed milk. We have not ventured on chicken broth yet. She is taking a dose of *lycopod.* every four hours."

23 April, Dr. Capper says: "There is now no crepitation, and no pain anywhere. There is more dulness than there ought to be at the lower part of both lungs posteriorly, and the respiratory murmur there is feeble. Pulse 56; respiration 20. She feels faint at times. I have ordered more food frequently. There is no cough nor expectoration. The *lycop.* is taken every five hours." On the 24th, Dr. Capper allowed her to be dressed. She was taking beef-tea and chicken. On the 28th April, Dr. Capper informed me that he had seen our patient, and that the *lycopod.* was only repeated night and morning. She complained of a slight sensation of stiffness through the right lung on taking a deep breath (*lycopod.*) The appetite is good, and she can read, write, work, &c., without any difficulty. On that day she was removed back to her School, a distance of 17 miles. Dr. Capper adds, "She has certainly made a most excellent recovery." I recommended all medicine to be suspended for a week, and the report was a perfect recovery.

I have been since informed that the patient looks better than she has done for years. Such improvement is the general result I have usually observed after a severe attack of illness, that has *focussed*, as it were, the entire morbid taint of constitutional dyscrasia, known amongst the disciples of Hahnemann as the *psoric* element, which has been met and overcome by its true homœopathic analogue during the treatment of the patient.

CONTROVERSY ARISING OUT OF THE ARCHBISHOP OF DUBLIN'S RECENT LETTER ON MEDICAL TRADES-UNIONISM.

Communicated by Dr. Scriven, Dublin.

The following correspondence, which has appeared from time to time in *Saunders's News-Letter*, will perhaps interest the readers of the *Monthly Homœopathic Review*. It at any rate affords a fair specimen of the kind of reasoning which our opponents bring to bear upon the subject of homœopathy. One excellent letter, written by a recent convert to homœopathy, has unfortunately been mislaid; and although the controversy has run to a considerable length, yet it is a matter of regret that the editor of *Saunders's News-Letter* should have been compelled to cut it short in its incomplete state.

HOMŒOPATHY.

No. 1.—January 28th.

To the Editor of Saunders's News-Letter.

Sir—I have read in your paper of this day a letter, by the Archbishop of Dublin, on the subject of the resolutions passed by the College of Surgeons against any Fellow or Licentiate practising homœopathy or consulting with homœopaths; and, as a matter of justice, I would ask your permission to say a few words on our side of the question. I need hardly say that I feel the highest respect for the Archbishop—there are few, indeed, who do not; I do not question his authority or skill as a logician, yet I should hardly select this letter as a favourable specimen. The special grievance is, that the College of Surgeons, and you may add the College of Physicians, wish to exclude from their body homœopathic practitioners. Why do they do this? Neither College has ever sought for powers to prevent the practice of homœopathy—individually, I should be sorry to see such powers granted to any body; neither College has taken any public steps against this heresy, as we believe it; but they endeavour to exclude it from their body, and to prevent any one having their

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licence, yet being a homœopath, from obtaining practice und what would be false pretences. Our Colleges were founded f the purpose of providing the public with medical and surgic practitioners of approved qualifications, and they guarantee th by giving a licence after a full and careful examination. T public believe that the test is fair, and the guarantee truthf Corporately and individually, after investigation, we have co to the conclusion that homœopathy is false in theory and fu in practice, and we hold by the regular system of medicine a surgery, the result of long experience. The public know t and understand that our licence is an authority to prac scientific medicine and surgery. If we conscientiously bel this, it appears to me a simple, logical conclusion, that licences should be limited to those who hold what that lic implies. To give our licence to men who practise a systen believe false and futile, would be betraying our trust; and men, who believe our system altogether erroneous and injuri to receive our licence and practise under its authority, w appear to me to be simply dishonest. They do not see because they agree with what it involves, but evidently bec of its weight with the public, and as a means of getting prac So far, then, from regarding this restriction laid upon its n bers by the Colleges as "a detestable act of tyranny," it app a plain imperative duty imposed upon them by their chart Allow me to lay an analogous case before you. No Protes questions the respectability and weight of the "Orders" of Church of England, and it is quite possible that many Diss ing ministers would be glad to possess them, if they could, c sistently with their present opinions. Now, suppose a Unitar minister applied to the Archbishop of Dublin to ordain hi notwithstanding the difference of their belief, on the grou that it would add to his influence and respectability, and t not to do so would be an example of an "Ecclesiatical Trad Union," would his Grace be guilty of "such a detestable act tyranny" as to refuse? It is true that his Grace regar Socinianism as false and dangerous; so do the Colleges reg homœopathy. It is true that it is his Grace's duty to test t

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orthodoxy of candidates for ordination, and to see that none but fit and true men go forth under his commission; but this is precisely the duty of the Colleges. It is true, also, that if any Unitarian were ordained by his Grace, either he must have professed what he did not believe in order to pass his Grace's examination, or his Grace must have passed over what he knew to be wrong in order to ordain him; and so it would be with the College Examining Boards if they passed a homœopath, and with the College if it granted its licence. So far, I hope I have shown that the Colleges do not deserve the hard names thrown at them by his Grace. They have, I believe, most conscientiously fulfilled their duty to the public in the terms and according to the intentions of their charter. The Archbishop has overlooked the essential difference between self-constituted trades' unions, Ribbon societies, &c., and chartered bodies with legally-defined powers and duties. Surely the arguments which he draws from such combinations are hardly logical when applied to the latter bodies.—I have the honor to be your obedient servant, MEDICUS.

No. 2.—JANUARY 31ST.

Sir—Any one who should read the letter signed "Medicus," without having seen the paper which it professes to answer, would suppose that paper to be totally different from what it is. He would suppose that it required medical colleges to grant licences to Homœopathists, and every individual to be ready, whether he would or not, to consult with homœopathic practitioners; but, on looking at the paper, he would see that there is no truth in all this; that it does not say or hint anything at all about licences; and that it distinctly asserts the right of every practitioner to decline consulting with any one whose mode of practice he disapproves of. What it complains of is, that certain men have formed a conspiracy, pledging themselves to one another not to consult with a homœopathist, and to denounce and send to Coventry any one who should presume to act on his own private judgment in contravention of the rules they have laid down. Now, this is manifestly a

renunciation of all free agency. For, if every individual were already resolved of his own accord, and on his own unbiassed judgment, to have nothing to do with homœopathy, there would be no need of any agreement to that effect. The whole procedure, therefore, is of the character of that of the trades' unions. For, if not, what is? Supposing these persons to have deliberately and avowedly formed a combination on the principles of the trades' unions, what could they have done different to what they have done? Can "Medicus" answer this? But to evade the real question, and misrepresent the opponent's arguments, is generally considered as amounting virtually to an acknowledgment of defeat.—Yours, &c.,

(*To be continued.*) MEDICUS ALIUS.

A NEW LIGHT ON THE SUBJECT.

A FRIEND has sent us the following paragraph, cut out of the *Daily Telegraph* of June 22nd:—

"The death of Count S. G. S. M. Dei Guidi is reported to-day at Lyons. The count was in his ninety-fourth year, and was the father of homœopathy, having in 1828 converted Hahnemann from the heresy of allopathy. Count dei Guidi had previously been a Neapolitan conspirator against Queen Caroline (in 1799), a prisoner, exile, professor of mathematics, inspector of the University of Grenoble, a doctor of medicine, and finally of anti-medicine, and has died a chevalier of the Legion of Honour—an odd career, extending over nearly a century, and that century the most important in the history of France."

It is strange how little is known by the world in general either of homœopathy or of its founder. The paragraph in the *Daily Telegraph* is one blunder; and we notice it and correct it, fearing that some future *Lancet* may introduce it to its readers as an authentic piece of history. Hahnemann had his first glimpse of the homœopathic law in 1790, while translating Cullen's *Materia Medica*. In 1796 he addressed a paper to *Hufeland's Journal*, announcing the discovery of the law of *similars*. In 1810 he published his great work, the *Organon of the Healing Art*, and for the first time called the new method of treating disease—*homœopathy*.

CHESTNUT LEAVES IN WHOOPING-COUGH.

THE FIRST INTRODUCTION OF HOMŒOPATHY INTO ENGLAND.

In our report of Dr. Dunn's address to the Members of the North of England Homœopathic Association, published in the last number of the *Review*, the following sentence occurs:—"It is less than forty years since homœopathy was first introduced into this country by an Italian physician, Dr. Romain, who accompanied the Earl and Countess of Shrewsbury to Alton Towers, &c."

Dr. Dunn, however, writes to correct our report, and reminds us that "Dr. Rabati, and not Dr. Romain, was the first homœopathic physician who brought *the light* to Alton Towers, and consequently to these Isles."

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The "folk-lore" of all countries seems to include an unwritten Materia Medica of simples, which have been found useful in the treatment of various forms of disease; and, from the rude results of vulgar experience, scientific medicine has condescended to gather some of its most valuable remedies. This household Materia Medica consists almost entirely of *specifics*: and, as we believe that all true specifics owe their curative value to their homœopathic action, we believe, also, that all successful vulgar remedies are homœopathic to the diseases in which they prove useful. Thus, the marigold (*calendula officinalis*) a favourite medicine in the earlier stages of measles, has among its poisonous effects those which resemble the symptoms which accompany the eruptive disease. So, also, saffron (*crocus sativa*) given "to bring out the measles," is notoriously able to produce, in a healthy subject, a rash resembling that of the natural disease. Simples are seldom given for the purpose of perturbing the body, or of producing what may be designated allopathic effects; and the dangers which arise are generally those which accompany the pathogenetic symptoms of an over dose.

CHESTNUT LEAVES IN WHOOPING-COUGH.

An article has recently appeared in the *American Journal of Pharmacy*, directing attention to the value of *chestnut leaves* (*castanea vulgaris*) in whooping-cough. This is an old household remedy, which, like many others, had been laid aside and almost forgotten. Some years ago, before we knew anything of homœopathy, we had an opportunity of witnessing the action of the *castanea vulgaris*, in several cases of pertussis; and, in all its stages, it appeared to have an excellent effect. The remedy not being officinal, we had forgotten it; but, since the notice appeared in the *American Journal*, we have had it tried in two cases, and with such results as to lead us to regret that we have no "proving" of the drug, so as to render its employment consistent with our law of healing.

The notice of the *castanea vulgaris* is written by Mr. George C. Close, of Brooklyn, N.Y. He says:—"Having a child whom I supposed to be affected with incipient whooping-cough, I asked a prominent physician of New York, who has had an extensive practice for more than thirty years in the city, what he thought was the best remedy for whooping-cough? He answered 'Chestnut leaves are by far the best remedy I have ever met with.' Upon this I immediately commenced giving to the child an infusion of the leaves, made with boiling water and sweetened with sugar. She drank it freely and without objection, the taste not being unpleasant. The cough, which had continued for two weeks, and was evidently growing worse previous to giving the remedy, was immediately relieved, and after two or three days ceased entirely, and has not returned, though several months have passed.

"Since making this trial, when asked by customers, 'What is good for whooping-cough?' I have advised them, if they have no physician in attendance, to try the leaves. In several instances after trying them, they

A FACT IN FAVOUR OF SMALL DOSES.

have reported to me that 'they acted like a charm,' and gave immediate and great relief.

"I have also heard of cases of adults, who were affected with that kind of spasmodic cough which is sometimes caused by some (perhaps slight) source of irritation in the throat, being immediately relieved by the same remedy.

"As I have occasionally calls for chestnut leaves, I asked a person who applied for them a few days since, for what purpose he used them? He replied, as a remedy for whooping-cough, for which they were very good, and that they often relieved other kinds of cough also. This shows that their use is becoming somewhat popular as a domestic remedy.

"A very extensive use of an article is required, however, to test its real value as a remedy, and I only present he foregoing facts as warranting, in my judgment, further ials of the leaves."

A FACT IN FAVOUR OF SMALL DOSES.

HE *Dublin Medical Press* contains an interesting article y C. R. C. Tichborne, Esq., on a method of detecting nall quantities of *cantharidine*. His paper is valuable, ot only in a scientific point of view, but as a warning those who think that, within certain limits, the magnide of a dose of homœopathic medicine is of but little oment. Mr. Tichborne not only detected the $^4/_{1000}$ths a grain of *cantharidine* when dissolved in half a pint wine or half a pint of porter, but he tested the drug ractically, by the process of vesication. If the $^4/_{1000}$ths f a grain could produce vesication of the skin—how uch less would dangerously aggravate an internal organ, ffering already from a disease to which *cantharidine* homœopathic?

"Chloroform," says Mr. Tichborne, "is the best solvent

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for *cantharidine* that we have, and I should
its employment for the extraction. In my
a tincture was used that represented thre
cantharides. This was added to half a pi
(in a second experiment it was added to ha
porter) and to this which represented a susp
was added one ounce of chloroform. The
repeatedly shaken during the day, and left
until next morning. The chloroform was th
separated with a funnel, and passed throug
paper. The chloroform solution was then
evaporate spontaneously to dryness in a
A small pellet of lint (which had previously
out) about half the size of a pea, was moi
a drop of olive oil, and with this little pelle
of the film of extractive matter was mopped o
glass. The lint was then placed upon th
covered with a piece of goldbeaters' skin.
off in three or four hours, considerable rube
taken place, and after wiping it off with c
large vesicle was formed. As small a qua
grain of flies (= about $^4/_{1000}$ths of a grain of c
was detected in solution by these means."

REVIEW.

Outlines of Veterinary Homœopathy; compri
Cow Dog, Sheep, and Hog Diseases, and th
pathic Treatment. By James Moore, M
Third edition, pp. 295. London: H. Tur
77, Fleet-street, and 106, New Bond-street
ter, 41, Piccadilly, and 15, Market-street.

When Mr. Moore published the first edi
"Outlines," we spoke highly of his contribut

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tical homœopathic literature. Since then, we have had many opportunities of testing the accuracy of the author's diagnosis, and methods of treatment; and, we now strongly recommend those who have no regular homœopathic veterinary surgeon near them, to study carefully Mr. Moore's work. The "Outlines" are carefully written, in a plain intelligible style, and are likely to do good service to the cause of homœopathy, generally.

In our notice of the first edition of Mr. Moore's "Outlines," we quoted the article on "Pleuro-pneumonia; as a specimen of the author's method of giving instruction in distinguishing and treating disease:—from this, the third edition, we extract the short but descriptive paper on "*Enteritis; Inflammation of the Bowels.*"

"In this disease the three coverings of a portion of the gut are more or less inflamed.

"Causes.—Cold air to the warm skin, or cold drinks to the warm stomach, especially after hard work; dust balls; stones and hard dung in the bowels; the thrusting out of a part of the gut from the belly; the falling of one portion into another. Colic ends very often in Enteritis. When treated homœopathically, it is comparatively rare.

Symptoms.—Enteritis begins in most cases with dulness; heavy eyes; staring coat; restlessness and moving about from one place to another; the pulse and breathing are both quickened; no appetite. Some are preceded by colic. Other cases begin with shivering. The animal paws, kicks, and rolls about in the most violent manner; he often tries and strains hard to pass water, but either none, or only a few drops, come away; the pain is most intense, and does not cease for a moment; it is increased by pressure and moving about; the belly is hot, tucked up, and hard, unless there be wind in the bowels, when it will be more or less swelled; the bowels are very much bound, although small, hard, dry masses may be passed; the legs and ears are intensely cold; the pulse is small and hard,

REVIEW.

and sweat breaks out all over. Later on, the pulse becomes still smaller and weaker, until it can scarcely be felt; the breathing is quick, irregular, and attended with sighs; the skin is covered with cold clammy sweat; the eyes seem to have lost the power of seeing; the horse is very weak, and trembles all over; convulsions come on, and then death follows.

DISTINCTIONS between Colic and Enteritis.—In Colic, the attack begins suddenly; in Enteritis, it comes on generally by degrees. In Colic, the pain is not constant, and there are times during which it is not felt. In Enteritis, the pain never ceases for a moment, but becomes gradually worse as the disease goes on. In colic, the pain is relieved by rubbing the belly and moving about; in Enteritis, it is greatly increased by these means. In Colic, the strength is not much weakened unless the disease be near the end; in Enteritis, the weakness is very great from the first.

TREATMENT.—1. As soon as the attack begins, when there are—pawing, kicking, rolling about in the most violent manner and other signs of intense pain in the belly—give *Aconitum*.

DOSE.—10 drops in a wineglassful of water every quarter or half hour. If the horse is relieved after a few doses have been given, continue every one or two hours until he is well; if not, another medicine must be selected.

"2. When the disease continues unchecked after several doses of the last medicine have been administered, either substitute *Belladonna* for it, or give them both time about, at short intervals.

"DOSE.—As directed for Aconitum.

"3. When the bowels are obstinately bound, or hard masses of dung are discharged; and the bladder cramped at its neck, so that, although there is frequent urging to stale, only a few drops of urine flow away—give *Nux vomica*.

"DOSE—As directed for Aconitum.

"4. When the pulse becomes small and weak; the skin cold

and covered with clammy sweat; the belly exquisitely tender, and tucked up; the paroxysms of suffering constant and excruciating, and the failure of strength sudden—give *Arsenicum* as the last resource.

" Dose.—As directed for Aconitum.

" Fomentations sometimes relieve the pain."

DISPENSARY REPORTS.

BIRMINGHAM HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Honorary Medical Officers—

Mr. J. Lawrence, M.R.C.S. J. Gibbs Blake, M.D.

Acting House Surgeon—Mr. Henry Robertson.

Honorary Secretary—Mr. Charles Corfield.

Chemist—Mr. Charles Corfield, 27, Bennett's-hill.

Extract from the Report for 1862–3.

The number of out-patients prescribed for during the past year was 13,815, and receipts from paying patients £129 5s. 6d. *Forty* patients were admitted into the Hospital during the year 1862, this being *six* more than in the year 1861, and three remained in the house at the end of 1861; of those patients there were—

Cured or very much relieved	23
Relieved	7
Incurable, or no change	3
Died	3
Remaining	7
	43

Last year we had no death to report, but this year three have occurred, one of which was caused by apoplexy, one by typhoid fever, and the other by long-standing heart disease and dropsy.

Of the patients who left the Hospital cured, several had been unsuccessfully treated before they were admitted into this Hospital; and one especially exemplifies the advantage of this mode

DISPENSARY REPORTS.

of treatment, as he was discharged incurable from th *Hospital* after staying there three weeks, but when h Institution he was able to seek employment, and now interval of several months, remains quite well. An teresting case was that of a boy eight years of age, w in the bladder, who was successfully operated upo Lawrence.

CHELTENHAM HOMŒOPATHIC DISPENS

At a meeting of the above Dispensary, held on the H. S. Mercer, Esq., in the chair, Dr. Gwillim was ap assist Dr. Hastings in the more efficient and extended of the Dispensary.

Mr. Mercer introduced the subject of establishing an as he said he knew that a prevailing wish to have an existed among the homœopaths of this town, and he sure himself that the time was come for placing hon before the public of Cheltenham in a more prominent than that of a Dispensary; feeling convinced that if an were begun it would be liberally supported.

He referred to the great progress the Dispensary h during the last seven years, through Dr. Hastings' en the vast number of patients that had been admit advocated very warmly the immediate establishmen Hospital.

This gave rise to an animated discussion, which Mr. Mercer proposing and Dr. Burrell seconding the resolution :—

> "To defer the subject of establishing an Hospital next Annual Meeting, when the Committee will matter into serious consideration, as they bel progress of homœopathy demands it."

It may be interesting to notice that both Mr. Mercer Burrell are *retired* medical men—converts, of course, to pathy—after a long career of allopathic practice in Indi

DISPENSARY REPOPTS.

BERKSHIRE AND READING HOMŒOPATHIC DISPENSARY.

Patrons—The Right Hon. VISCOUNT BARRINGTON, The Right Hon. LORD CAMOYS, SIR W. MORSHEAD, Bart., BARON THIEBALT, General SIR G. WYMER, K.C.B., J. WALTER, Esq., M.P.

President—JAMES WATSON, Esq., Toutley-hall.

Hon. Treasurer—R. G. MATHEWS, Esq.

Bankers—Messrs. STEPHENS, BLANDY, & Co.

Committee—Major-General Atkinson, Admiral Coffin, A. Guinness, Esq., M.D., E. James, Esq., Rev. C. Martin, R. G. Mathews, Esq., W. J. Palmer, Esq., T. Porter, Esq., Arthur Rawson, Esq., Rev. G. I. Tubbs, A. Waterhouse, Esq., J. Watson, Esq., S. Welsford, Esq., Rev. H. Wilder.

Physician—ARTHUR GUINNESS, Esq., M.D., F.R.C.S., 12, Victoria-square.

Secretary and Dispenser—Mr. J. CRAFT.

Number of patients admitted from 6th of April, 1862, to 6th of April, 1863	734
On the books from former year	58
	792
Cured and much benefited	621
No report	91
No change	26
Dead	6
Remaining on books	48
	792

ARTHUR GUINNESS, M.D.

April 6th, 1863.

Extract from the Report of the Committee.

The Committee have much pleasure in laying before the contributors to this charity the able and satisfactory Report of Dr.

DISPENSARY REPORTS.

Guinness for the year ended the 6th of April, 1863, from which it appears that the number of patients have increased from 74[illegible] in 1862, to 792 in 1863; also, that the number of those who had been cured in 1862 had increased by 63 in 1863. It must therefore be the subject of much gratification to the subscribers to know that through their instrumentality so much human suffering has been relieved.

The Committee would also advert to the special cases treated so satisfactorily by Dr. Guinness, as stated in his Report, which should be the means of removing the prejudice against homœopathy entertained by many, from the want of knowledge of its power and principles.

The Committee takes this opportunity of offering to Dr. Guinness their hearty thanks for his unwearied care and attention to the patients when under his treatment, notwithstanding the many calls upon his time by an extensive private practice.

The thanks of the Committee are also due to Mr. Craft for the efficient manner in which he has dispensed the medicines.

DEVON AND CORNWALL HOMŒOPATHIC DISPENSARY,

George Street, Plymouth.

Medical Officer—C. Wolston, Esq., B.A., M.R.C.S.E.
Dispenser and Collector—Mr. J. M. Rendall, M.P.S.

At the Annual Meeting of the Committee of the Devon and Cornwall Homœopathic Dispensary, held the 13th May, 1863, at the Dispensary in George-street, Edward B. Mills, Esq., in the chair.

The Reports of the Secretary and Treasurer having been examined, were received and adopted, with unanimous expressions of satisfaction at the increasing prosperity of the Institution.

The Medical Officer's Report, showing the following results, was presented:—

DISPENSARY REPORTS.

Remaining on the books from the previous year		33
Number of patients admitted from 1st May, 1862, to 30th April, 1863		425
		458
Of these were cured	172	
Much benefited	209	
No report	23	
Dead	9	
Remaining	45	
		458

Of the deaths reported, 4 resulted from phthisis, 3 from chronic hydrocephalus, 1 from heart disease, and 1 from stricture of the œsophagus.

The number of patients visited at their homes has been 15, representing 156 visits. The total number of prescriptions dispensed, 4,013. The average attendance of patients throughout the year, on the days of the Dispensary, 40.

EDWARD B. MILLS, *Chairman.*

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Physicians—Dr. DRYSDALE, Dr. WRIGHT, Dr. ROCHE, Dr. HAYWARD, Dr. BLUMBERG.

Surgeons—J. MOORE, Esq., J. GELSTON, Esq., T. H. WILLANS, Esq., — HUDSON, Esq.

House Surgeon—T. D'ORVILLE PARTRIDGE, Esq.

Honorary Dentist—Mr. QUINBY.

The number of patients prescribed for at this Institution during the month of May was as follows:—

New patients	579
Old ,,	2059
Total	2638
The number of visits paid	300
The number of new patients visited	58
	2996

DISPENSARY REPORTS.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayne, Dr. Drummond, Mr. Blackley, and Mr. Howden.—Mr. Calvert, House Surgeon.

President—Joseph Heron, Esq.
Treasurer—P. F. Willert, Esq.
Secretary—Arthur Neild, Esq.
Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of April...	18[illegible]
Paying 1s. and 1s. 6d. per month.....	2[illegible]
Admitted on Subscriber's recommendation	
Visited during the month at their own homes.....	2[illegible]

Number of patients attending during the month of May...	13[illegible]
Paying 1s. and 1s. 6d. per month.....	2[illegible]
Admitted on Subscriber's recommendation	[illegible]
Visited during the month at their own homes.....	20[illegible]

This Dispensary is open every morning from 9 to 11 (Sunda[illegible] excepted), and from 7 to 8 on Monday, Wednesday and Saturd[illegible] evenings.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c. Evan Fraser, Esq., L.R.C.S. Edin.

Treasurer—John Skilbeck, Esq.

Honorary Secretary—John L. Seaton, Esq.

Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of May ...	671
Paying 1s. 6d. per month	497
Admitted on Subscriber's recommendation	174
Discharged cured	45
Relieved	6
Ceased attending; result unknown	51
Still under treatment.....	253

THE MONTHLY

HOMŒOPATHIC REVIEW.

PHYSIC IN DISGRACE.

A NOTABLE change of opinion, on the subject of physic, has recently come over the spirit of our allopathic brethren. There was a time when homœopathic practice was placed by them in the same category with the do-nothingness of the expectant school, and when the chief argument against Hahnemannism was based upon the presumption that its prescriptions consisted, in reality, of nothing beyond sugar of milk or cold water. Even so recently as two years ago, the late Sir Benjamin Brodie, in his celebrated letter, sneeringly spoke of "homœopathic globules being quite as good as distilled water;" and in another part of the same epistle, observed that, "so far the practical result would seem to be that homœopathy can be productive of no great harm; and, indeed, *considering it to be no treatment at all,* whenever it is a substitute for bad treatment, it must be the better of the two."

Sir Benjamin has passed away; and now the opponents of homœopathy have suddenly changed their system of assault. Drug-giving, as practised so long and so persistently by the old school, is now decried by its former defenders; and lo! the homœopathists, who for more than half a century have been stigmatized as cheats and quacks, because, according to the assertion of their opponents,

PHYSIC IN DISGRACE.

they treated disease without medicine, are now themselv accused of unprincipled drugging! This is turning t tables upon us, with a vengeance!

Our readers know well that among medical philosoph in the true sense of the word, there have always b some who have raised their testimony against the nicious consequences of the prevailing system of dr administration; but the mass of medical men have affected to believe in drugs, and have gloried in he practice. Sir John Forbes, and many others, aware the dangers of drug-disease, in despair, repudiated ph almost altogether, but, refused to adopt the practice homœopathy, because they assumed that its Mat Medica was the sham that its opponents represented be, and was, therefore, less honest and reliable than sim expectancy.

The times, however, are changed. Instructed by th allopathic press, the mass of medical men now procl their declining faith in physic, and, with unblushing on fidence, point to the homœopathist as a drug-idolater!

Thus, on the 21st of March last, the *Lancet* wrote in the following strain:—

"The progress of true medical science has greatly qualified our estimate of the value of mere drugs in the treatment of disease. It has shewn that in medicines, as in politics, the best course is often that of non-intervention. . . .The element of physic, in medical practice, becomes constantly more simple. Our drugs are fewer and less complicated. Of course it is all otherwise in pseudo-medicine. Here 'specifics' are rank as weeds. Here little account is taken of natural provisions for the cure of disease. Here physic is everything, and nature and the physician are unimportant. . . . . Homœopathy abounds in principles. Its great principle is that of 'specifics'—that certain medicines have most definite and designed relation to certain ailments—are *the* thing, and the *only* thing. Then there is what we may

PHYSIC IN DISGRACE.

call the alternating principle, in virtue of which two medicines—each, we suppose, a specific!—are so much better than one. Upon these two principles, the enlightened patron of homœopathy is made the receptacle of a most *unprincipled amount of physic.*"

We do not stop to confute the ignorance of the doctrines of homœopathy which the editor of the *Lancet* displays in the foregoing article; we merely quote it, to shew that the tactics of war are changed, and that, if homœopathists are "cheats and humbugs," it is not, according to the *Lancet's* own shewing, because they give only cold water or unmedicated globules to their deluded patients.

The hint given by the *Lancet* is not likely to be lost. A writer in the *Medical Times* of July 11th, 1863, follows in the same strain; first deprecating drug-medication as hitherto practised in the orthodox school, and then proclaiming homœopathy to be, in practice, *drug-idolatry!*"

"At one time," says the writer to whom we refer, "the profession itself was drug-ridden. If we have emancipated ourselves, why should not the public, if we help it? Newton only could discover the law of gravitation, but any schoolboy can be made to believe it. We cannot teach the public the processes by which we arrive at certain results. But surely we may induce them to accept those results.

"There is a wonderful difference between our way of treating ourselves and the public. You seldom see a long line of empty bottles in a medical man's bed-room, addressed to himself. Many of our patients know that the drug-sender is not a drug-taker, and not understanding the difficulty with which medical men have to contend in this matter of drug-sending, they lose faith in medicine and the medical art altogether. . . . .

"What is homœopathy as a practice, but drug-idolatry in its completest form? The remedial processes of nature are ignored. Every case must have its drug. The drug cures. The public prejudice is satisfied, and the tasteless globule is taken more

PHYSIC IN DISGRACE.

easily than the vulgar bolus. Until we purge ourselves from all taint of drug-worship, we are not in a position effectually to combat the false systems grounded on that worship, which are continually springing up."

Heartily should we congratulate our allopathic brethren on their crusade against the evils of drugging, were it not that we perceive, on their part, a jealous reticence of the labours of homœopathists in the same direction. We doubt the honesty of those who professed at one time to scout our system of healing, because of our infinitesimal doses, yet who now loudly exclaim against drug-idolatry, and accuse the followers of Hahnemann of that particular crime. We cannot help suspecting strongly, that the tables are thus turned upon us, for the purpose of hiding from the public how much this change of opinion on the subject of drug-giving has been promoted by the practical teaching of homœopathy.

However, be the cause of this great change what it may, physic is most certainly in disgrace; and we can scarcely take up a medical periodical without perceiving indications of this state of things. We give a few more examples.

In the *Lancet* of June 11th, appears a letter from Dr. Macloughlin, Member of the Legion of Honour, &c., a gentleman highly distinguished for his scientific attainments. In that letter is the following passage, relating to the Report on Cholera in India in 1861:—

"In the above report," writes Dr. Macloughlin to the editor of the *Lancet*, "which you have noticed in your number of the 27th ult., it is admitted that cholera has never been scientifically studied in India. At paragraph 427 of the Report, it can be seen that the Army Medical Department were not acquainted with the pathology of cholera; and as to methods of cure adopted for this disease, it appears by paragraph 278 of that

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Report, that the mortality is at the rate of 80, 90, and 100 per cent.—'*a mortality*,' says Dr. Mountjoy, in that Report, '*which in all probability would not occur if nature were left to herself to battle with this disease.*"'

The *Medical Times* of June 20th publishes the following order from the Surgeon-General of the Federal Army:—

"Surgeon-General's Office, Washington,
"May 4th, 1863.

"1. From the Reports of the Medical Inspectors and the Sanitary Reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons, as to call for prompt steps by this office to correct this abuse—an abuse the melancholy effects of which, as officially reported, have exhibited themselves, not only in innumerable cases of profuse salivation, but in the not infrequent occurrence of mercurial gangrene. It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the Supply Table, and that no further requisitions for this medicine be approved by the Medical Directors. This is done with the more confidence, as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

"2. The records of this office having conclusively proved that disease prevalent in the army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the Supply Table being a tacit invitation to its use, tartar emetic is also struck from the Supply Table of the Army. No doubt can exist that more harm has resulted from the misuse of both these agents in the treatment of disease, than benefit from their proper administration.

"(Signed) W. A. HAMMOND, Surgeon-General."

As a fit commentary on the order of the Surgeon-General of the Federal Army, we find in the *Medical Times* of July 11th, 1863, a letter from Dr. Charles

PHYSIC IN DISGRACE.

Drysdale, of the Farringdon Dispensary, on the subject of "Mercurio-syphilitic Disease," in which, after referring to the three general modes of employing mercury—viz., inunction, fumigation, and internal administration, he says:—

"It has been my lot to see many severe and protracted cases of disease, produced, in my opinion, by the use of each of these three methods, and, if such effects are not so frequently visible now as formerly, it is simply because practitioners are now beginning to give less and less of their vaunted specific. All who have read the voluminous evidence of Fergusson, Hennen, Frieke, Desruelles, the French and Swedish Councils of Health, Harris, &c., are well aware that symptoms such as related in the following cases never occur when patients are treated by simple rest, diet, and cleanliness.* Besides this, the time of treatment, according to Desruelles, is not half so long when no mercury is administered."

Finally, the editor of the *Medical Times*, July 11th, 1863, in a leader, thus ventures to attack the beloved and orthodox aperient dose:—

"Probably no class of remedies is so much abused, in the etymological sense of the word, as aperients. One great cause of this, undoubtedly, is the popular belief, or rather assumption, that a person ought never to go more than a day without having his bowels opened. This may be true in a general way, but it it is equally true that all people's intestinal machinery is not 'set' to act at the same interval. In different persons, and in the same persons under different circumstances, the intervals may and do vary within somewhat wide limits consistently with perfect health; and (in the absence of some special reason) it is

* The cases related by Dr. Drysdale are—1st, Primary sore treated by mercurials—Destruction of nose—Phthisis—Death. 2nd, Salivation for primary sore—Thirteen miscarriages—Iritis—Necroses of lower jaw. 3rd, Mercurial fumigations for secondaries—Extensive rupia.

meddlesome interference with nature to try, by artificial means, to quicken the time of their recurrence. A disbelief in mild aperients, and a prejudice in favour of a good strong griping purge, are very common, especially among the agricultural poor. The *dura messorum ilia* are made of leathery stuff. Bucolos has no faith in an aperient which does not 'touch him up' rather sharply. It is with his food as with his physic. A toughish beef-steak is more to his liking than the undercut of a sirloin. The poor, again, rarely patronize a fluid medicine, be it orthodox or quack, unless, besides giving sensible evidence of its action, it has plenty of colour and taste."

Physic is indeed in disgrace. There is a *stampede* towards expectancy. The College of Physicians may require a new motto; and we would venture to recommend that body to adopt the 13th Aphorism of old Arnold :—

"Quicunque pharmacatur in juventute, deflebit in senectute."

Thankful are we, that, among the restless changes which mark the history of orthodox medicine, we have learnt to follow a system of healing founded on one of Nature's immutable laws; and that, while on the one hand we have not to reproach ourselves with the consequences arising from dangerous or excessive medication, so, on the other hand, we need not leave the patient to fight unaided against the assaults of disease.

INTRODUCTION OF HOMŒOPATHY INTO FRANCE.

On the 27th of May, 1863, expired at Lyons, in his ninety-fourth year, Sebastien-Gaetan-Salvador-Maxime, Count Des Guidi, Chevalier of the Legion of Honour, Chevalier of the Order of St. Stephen of Tuscany; formerly Professor of Mathematics in the Colleges of Privas, of Lyons, and of Marseilles; late Inspector of the Uni-

INTRODUCTION OF HOMŒOPATHY INTO FRANCE.

versity, first at Grenoble, and afterwards at Lyons; Doc of Sciences; Doctor of Medicine; *the introducer homœopathy into France.*

Born on the 5th of August, 1769, at the Castle Guardia, near Caserta, in the kingdom of Naples, Count Des Guidi remained in his own country until year 1799, at which period his liberal opinions bec the cause of his banishment, and the confiscation of property; he having been only saved from death by intervention of England.

Taking refuge in France, he had no other mean existence than the sound instruction which he had recei in his youth; this he endeavoured to turn to accoun devoting himself to public instruction. In 1801 he nominated, by *concours*, Professor of Mathematics in College of Privas. Afterwards, he became successi Professor of Mathematics and of Physics in the Colleg Lyons, in 1803; Professor of Special Mathematics in College of Marseilles, in 1810; Inspector of the Univers first at Grenoble, in 1813, and at a later period, from 18 to 1834, at Lyons.

Notwithstanding his various occupations, this laborio man found time to prepare himself for the Doctorate o Sciences, in 1819, and afterwards for the Doctorate o Medicine, conferred by the Faculty at Strasbourg, i October 1820.

It may be as well to point out to our opponents, tha homœopathy, "that dream of a German brain, adapted, say they, "only for patients and physicians of exuberan imagination," was first introduced into France by a forme professor of the *exact sciences.*

In 1828, the Countess Des Guidi, who had suffered fo twenty years from a disease considered incurable, wa removed by her husband to the waters of Puzzuoli, nea Naples. The thermal treatment was, however, unsuccess

ful; but the invalid was eventually cured by the celebrated Neapolitan homœopathist, Dr. De Romani. This remarkable cure decided Dr. Des Guidi to study the new system of healing; this he did, first of all in the wards of Doctors De Horatiis and De Romani, and afterwards in his frequent intercourse with Hahnemann himself. In 1830 he returned to France, there to introduce homœopathy, which he practised at Lyons up to his death.

Dr. Des Guidi, indirectly, was the cause of the erection of two homœopathic hospitals; one, of one hundred beds, which has existed in Paris for fifteen years; and the other of fifty beds, which has been in operation in Geneva during seventeen years.

At the commencement of his practice, Dr. Des Guidi had the good fortune to cure two patients, belonging to Geneva, whom their physician, Dr. Pierre Dufresne, had unsuccessfully treated for some years. He himself, astonished at cures so rapid, set himself to study practically the new system of therapeutics. When convinced of its superiority, he became one of its most ardent propagators, and the more readily to spread its blessings, he founded, in conjunction with his countryman, Dr. Peschier, the first homœopathic journal which appeared in the French language—the *Bibliothèque Homœopathique de Geneve.* Eighteen volumes of this work were published, from 1832—1844. Afterwards, his son, Dr. Edward Dufresne, having accomplished his term as *interne* in the hospitals of Paris, settled in Geneva, where he was nominated physician and surgeon to the Hôpital de Plain-Palais, which became from that time (1845) a homœopathic hospital.

On quitting his master, the late Dr. Jean-Paul Tessier, Dr. E. Dufresne prevailed upon him to turn his attention seriously to the subject of homœopathy. That celebrated physician, in obedience to the advice of his pupil, tested the new method of treatment upon his patients, and having

INTRODUCTION OF HOMŒOPATHY INTO FRANCE.

proved its efficacy, he introduced it, at different times since 1847, into the three hospitals of *Sainte-Marguerite, de Beaujon,* and *des Enfants,* where he had, successively, a service of a hundred beds, up to the period of his death, in 1862. Jean-Paul Tessier, following the example of Pierre Dufresne, established in 1855 a monthly journal, *L'Art Médical,* now the leading organ of eclectic medicine in France.

Since Dr. Des Guidi returned from the wards of Drs. De Horatiis and De Romani, homœopathy has made remarkable progress in France. Thus—

In 1830, Dr. Des Guidi was the first and only homœopathic physician in that kingdom.

In 1832,	there were	in France	25	homœopathic	physicians.
„ 1840,	„	„	50	„	„
„ 1850,	„	„	200	„	„

While at present there are five hundred educated homœopatic physicians in France alone, and at least 3,000 in other countries.

On the 29th day of May, 1863, at Lyons, the Count Des Guidi was interred with due honours. A party of soldiers accompanied the procession, in accordance with the customs and the prerogatives of members of the Legion of Honour. The pall was supported by M. de la Saussaye, Member of the Institute, and Rector of the Academy of Lyons; by M. Vivien, Inspector of the Academy; and by Dr. Noak, sen., and Dr. Servan.*

Thus, in France, was an old man duly honoured in his departure, albeit he was a disciple of Hahnemann. When shall we see, in this country, among men of science, that spirit of tolerance, of fair-play, and of practical investigation, which more especially becomes men holding collegiate office? From those who look to the medical journalists

* Abridged from the July number of *L'Art Médical.*

for guidance—from men who have no opinion of their own—who refuse to investigate for themselves—from such men we have nothing to hope. They find it easier to *sneer* than to *disprove*, or to condemn with the *Lancet* and to defame with the *Medical Times*, than to sit down and read, and examine the propositions of the teachers of the new system of therapeutics; and so the mass of medical men rest content.

We have heard of allopathists who would not worship in the same church with a homœopathist; we know an instance where a medical man refused to dance in the same "set" with the daughter of an eminent physician, because her father was a homœopathist. Such men there are, by nature illiberal, narrow-minded, and without the generosity of gentlemen. For the gratification of such men, it must be that the *Medical Gazette* impertinently meddles with the prerogatives of private hospitality, whether administered by a duchess or a commoner. That journal, in a recent number (July 4th, 1863), has the following paragraph:—"It is well known that, for some years past, the homœopathists have had a royal patron in the Queen of Spain. Latterly, Her Majesty has entirely broken with the allopathists, and trusted herself entirely to homœopathy. As a consequence, most writers of homœopathic books now send a copy to Madrid, and, in return, mostly receive a Spanish decoration of some kind or other. Thus, the Order of Charles III. has just been bestowed upon two French pupils of Hahnemann, viz., MM. Jahr and Peroussell. *In like manner, the Court Newsman of the* Morning Post *states, that at a recent banquet given by H.R.H. the Duchess of Cambridge, a notorious London homœopathist figured as a guest.*"

Forsooth, because A and B hold different views on medical subjects, B is to be denied the position due to a gentleman and a scholar!

MAN; AND THE KIND OF THERAPEUTICS ADAPTED TO HIS NATURE.

By Dr. Eadon.

Man is a compound being, and the parts of which he is made up should be known. The most commonly received idea is, that he is a dual kind of being, consisting of mind and body. This is not only the popular, but the theologico-metaphysical notion of man's nature. St. Paul, however, was of a different opinion. He maintains that man is composed of three parts—body, soul, and spirit; and by "spirit" he means *a spiritual body*, as he says, in another place, "there is a natural body and there is a spiritual body." Evidence of another order might be adduced, to shew that man is not dual, but trifold, in formation. He has a soul, the breath of life; a spiritual organization, perfect in all its parts—the union of the two constituting Man as he was made in the image of God, and, therefore, deathless and eternal; and the mortal or imperfect natural body, which is the outward material envelope—a covering of the spirit-body and the soul which resides therein. These three parts constitute Man as he lives and moves on this earth. The soul and the spirit-body make man a living man, the outward body being a mere embodiment of the spiritual organism for temporary purposes—a type, in fact, of which the spirit-body is the perfect and glorious archetype. When man has finished his earth-life, and is about to enter upon a higher order of being, the chrysalis-body is shaken off, and the soul, with its spiritual organization, at once ascends into a higher state of development, and begins a new order of progression. So long as the soul-principle, with its spiritual body, is in close alliance with the natural body, it cannot appreciate or take cognizance of any form of created thing but what is gross and material. In this life,

the palpable, the material and the gross are the food of the soul, and must remain so, if man continues in a normal condition. The spiritual organization cannot become the medium of the soul's manifestations while it is clogged with a body, and compelled to be the recipient of impressions conveyed by imperfect senses, of a relationship established between its material counterpart and the outward universe.

The soul, and the spirit-body which enshrines it, make up LIFE absolutely. Herein is the fountain whence all vital energy flows. There is no outward body-life but what comes from this inner soul-life. In fact, there is *no life in the body* per se. The life is *in* the soul; nay, more, it is *the soul itself*. The body manifests life because the soul is working *in* it and *through* it. The body, in short, is a mere automaton; it moves because it is moved by a power superior to itself. Let the inner life-power—the soul—but wrap its living mantle around itself, and retire within the inner sanctuary of the spirit-body, the natural body at once becomes powerless, motion ceases, and soon it assumes the character of rocks and stones, and all such senseless things. Hence life is *in the spiritual body*, and not in the natural body, only so far as the soul, dwelling in the former, wills to transpose itself through the latter.

Since this is the case, how does the soul act on the body? Spirit can act on spirit, but not on matter, *directly*. The spirit cannot move the arm without the intervention of a medium which has a relationship with both matter and spirit. The process of intercommunication seems to be the following:—

1. The soul wills.
2. The will-power is communicated to the cerebellum.
3. This part of the brain acts on the vital magnetism or

odic force which is streaming, ever and anon, from every organ and atom of the body.

4. This fluid next impresses the motor nerves.
5. The motor nerves call into action the muscles.
6. The muscles next bring the bones into operation.
7. And finally, the bones move the dead matter, or the thing to be raised.

In this way spirit influences matter. The soul can alone act on the body through a natural and constantly forming vital magnetism or odic force which pervades and permeates every atom of it; and no object from without can operate on the soul-principle, but through this same transcendantly refined medium. Perfect harmony betwixt the soul and the material body, by virtue of a normal condition of the magnetic or odic force, constitutes HEALTH; a disturbance in the circulation of that fluid, in any form, degree, or condition, creating *dis*-harmony between the spiritual and natural body, constitutes DISEASE;—disease being, primarily, not matter to be removed, but a state or condition to be altered. In health, there is an intimate, perhaps not a *perfect* alliance between the internal spiritual and the external material organization; but in disease this union is less close: the coarser circulations become disturbed; the nerves cease to perform their functions; the blood is either retarded or accelerated in its course; and the whole physical organism is thrown in a state of confusion and discord.

The soul-intelligence and the spiritual organism which invests it, are unaffected in their nature and essence by all the changes which are external to them. Disease, in any of its varied forms, and how violent soever, can never taint these parts of man's nature. The spirit-body, with its glorious in-dweller, will rise at last intact and uncontaminated, leaving the natural body, with all its morbid

contaminations and pollutions, behind it. The mortal body, and that vital magnetism which connects it with the spiritual organism, are the only parts of man's nature which can be affected by human means. The eternal and deathless portions of our humanity are beyond mortal control. Through the medium of human vital magnetism the soul thinks, scans the universe and its far-off wonders, calculates and measures the stars, and flings electricity from land to land and from sea to sea; and it is this same sacred living power, too, which gives energy to the recuperative means made use of to restore the body to a state of health. For there is not the human soul, and the *vis medicatrix naturæ* of Cullen besides; or the sensorial energy of Darwin, or the heat-life principle of Thomson, or the occult cause of Rush, or the vital principle of Hooper, or the dynamic principle of Hahnemann, or the mind, the understanding and the will of the metaphysicians and theologians, and the *soul* besides. These are all merely different forms of expression, meaning one and the same living intelligence, whether so understood by their authors in this sense or not. They signify, one and all, the glorious being made in the image of God, who, sitting amid a blaze of light, on the throne of man's inner sanctuary, directs, from first to last, the delicate but mortal organization of the outer material body.

From what has been advanced, it is evident that the soul is the real and only life of the body—the great motive-power which acts, and has to be acted upon, in this earth-life of ours; that the spirit soul-power cannot act *directly* on the natural body but through a medium purposely prepared for it; that health consists in the production of harmonial conditions between the spiritual organization and that of the mortal body, by virtue of an equilibrium in the circulation of a natural vital magnetic fluid, and disease, from an interruption of that distribution in its

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circulation; that *external influences* may act unfavourably on this magnetic fluid, and induce morbid conditions which affect the senses, and are commonly called disease; and, also, that the action of the soul may so disturb the circulation of this same fluid as to set up morbid conditions which may ultimately terminate in death; in a word, that the *life of the body* is neither more nor less than the powerful transfusion of the soul's life through every organ and atom of the body, by means of a naturally established connecting medium, the vito-magnetic or odilic fluid.

Well, then, to act curatively on the body when in a diseased condition, it seems to be following the dictates of common sense only, that we should act directly or indirectly on this marvellously attenuated medium, and in a way, too, in harmony with its own nature, either by influencing the fluid from the inner spirit-life, or by acting on it from the outer body-life. If, owing to the continuous action of a morbific cause on the magnetic medium, the circulation of this fluid remains in an abnormal condition, and a disease should become materialized and manifest to the senses, it is not to be understood that this morbid condition constitutes THE DISEASE absolutely. It is a sensuous effect—the sensible diseased products—arising from a long-continued and powerful action of a very powerful inner dynamic cause.

It is not, then, the *materialized disease* which really first claims curative attention, but the restoration to a state of equilibrium of the dynamic cause which has produced it. If we can only restore the harmony existing between the spirit-body and the natural body, by means of producing a natural circulation in the magnetic fluid, the disease, in the form of morbid products, will eventually pass off and leave but little trace behind.

Now, the question for the medical men of all schools to consider is—What mode of treatment can best act on the

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vital magnetism which is clearly the connecting link between the spiritual organization and the natural body, and the only part over which we have any influence, either for good or evil, so as to bring about a state of normal equilibrium, *i.e.* a condition of health? One thing is certain, that, whatever form of instrumentality is made use of, it must be something whose nature is very refined or dynamic. To employ any other form would be absurd. To influence the dynamic, a corresponding form must be made use of. To apply what is *coarse* to a fluid which is *refined* beyond human conception, is self-stultification. To hope to bring about any favourable result, surely we should apply or set in motion elements of the same order —life to life, spirit to spirit, dynamic form to dynamic form. This is common sense. There requires no philosophy, no academic training, to see the propriety of such a mode of procedure. If learning cannot see it, then ignorance is far preferable to such stereotyped stupidity. Again, the question recurs, what is the best way of acting on, and influencing, for curative purposes, the abnormal condition of this wonderful fluid—the medium by which the soul acts on the body, and *that* by which the body reacts on the soul? Plunge a lancet into a vein—is that likely to do it? Throw the intestinal tube into a state of storm and fury by means of a cathartic—is that likely to do it? Fire a moxa, or blister the skin with cantharides, or riddle it into countless holes by tartar emetic—are these likely to do it? Will Thomson's mode of raising or lowering the heat of the body, according as ague or fever indicate, be likely to do it? Will chrono-thermalism, with its unities and periodicities, be likely to attain the object? Shall we, with Priessnitz, sweep out and cleanse with water the Augean stable of the human organism, and in this way hope to act on, and restore to a state of equalibrium, the circulation of this wonderfully dynamic form

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of matter? If these modes of treatment are too coarse for the object in view, what is to be done? There is only one form of treatment left in the whole wide range of drug-medication, which puts forth the slightest pretensions to meet the case. If this fail us, there is nothing for it but dynamic agencies, in all the forms which are at present known, viz., the human odic force, electricity, galvanism, magnetism, and an enlightened hygeio-therapeutic treatment, whereby the *spirit* of food and all physiologic agencies are evoked to equalize the circulation of this strange magneto-dynamic fluid of the body. Thanks be to Hahnemann, the doctrines and the practice of homœopathy, if fearlessly and scientifically applied, can accomplish the result aimed at. Spiritualism is the basis of homœopathy. It applies life to life, spirit to spirit; and as disease, by virtue of a dynamic morbific cause, is a disturbance of the circulation of the vito-magnetic fluid, so the same morbific cause, set free from the molecules of matter in a correspondingly dynamized form, will restore that fluid to a state of normal equilibrium, and health be the result. We have here just what was required, dynamic forms applied to dynamic forms; and the same force which produced the vito-magnetic disturbance is set free from another substance in a corresponding refined form, and a normal circulation in the fluid, on the principle of natural law, is of necessity brought about.

From what has been advanced, it follows not unnaturally that the pharmaco-dynamic branch of homœopathic practice is ALL IMPORTANT to the success of homœopathy as a science and an art. As the philosophy of homœopathy becomes better known, homœopathic physicians will become more and more indebted to the homœopathic chemists for the accurate preparation of their medicines. Whatever is said to the contrary, since the medium to be acted on is highly dynamic, medicines with a corresponding dynamic

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form can alone act with transcendant and almost miraculous effect. As to the quantity given for a dose, that will depend upon the more or less pathogenesy of the medicine selected. If the drug—or, rather, the spirit of the drug—impinge upon the healthy organism at the very point of invasion at which the morbific force commenced to act, and the former developes a similar series of phenomena as the latter, then the dose may be very small indeed; if, on the other hand, only some of the links in the diseased chain be affected by the action of the drug, then the dose must be larger, and other medicines will from time to time be required to be given.

In conclusion, it is plain enough that our notions of therapeutics will have to undergo no little modification. Our present ideas are sadly too material, and require to be *sublimed* in the nature laboratory of a vito-chemistry, and in the arcana-chamber of an od-magnetic philosophy. That which is unseen will hereafter influence the medical mind much more than that which is seen and tangible. The spiritualism of our great Master has only partially taken possession of the homœopathic mind. We are only ankle deep in the Hahnemannic waters. There are depths into which we have not yet essayed to plunge—heights, to reach which we have not dared to soar. Profundity of genius is apt to be measured by the scale of a conceited superficiality. Passages which are looked upon as dark, mysterious, and meaningless, will appear in after times, when viewed from a higher sphere of knowledge, to blaze with the light of everliving truth. The past is known, with all its errors thick upon us; the regions of the unknown lie before us; and onwards we must march, by the light of the truths already discovered. The yard-wand of attained knowledge is a small measure-guide, when the regions of knowledge stretch before us in an infinity of expanse. Human magnetism, electricity, and the odic

forces, will, ere long, be viewed by the medical profession not only in the light of playthings, or as elegant kinds of quackeries, but as powerful and indispensable agencies for the amelioration of human suffering. The imponderabilia, with drugs highly dynamized, and given on the law of "Similia," will constitute the FUTURE OF MEDICINE; and all the vulgarities and inhumanities of an antiquated practice will be assigned to the tomb of the Capulets, never to be heard of more.

FINAL REPLY
TO MR. WILSON AND DR. CAMERON.

By DR. COCKBURN.

MY first paper, quaintly styled a "Curious piece of Literary Cobbling," must of been of much greater value than I was aware of. Dr. Cameron's Comment, "admirable" though it was allowed to be, seems to have been quite insufficient to exhaust its importance, Mr. Wilson having considered it necessary to bring forward his own analytical powers for its more complete examination. As an introduction, Mr. W. tells us that he has "no sympathy with mock SCIENCE and MONGREL HOMŒOPATHY." Certainly not, who has? But, as this mock science and mongrel homœopathy are new to me, and possibly also new to most of the readers of the *Review*, perhaps Mr. W. will be kind enough on some future occasion to explain to us the nature of the one, and the distinctive characteristics of the other, so that we may be able to ascertain who really does profess the one and practice the other. A considerable number of objectionable passages in Mr. Wilson's Analysis I shall pass over, and briefly take up the following topics.

1st. The Accusation of his Colleagues.

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Mr. Wilson has nothing to withdraw from the accusation made against "many" of his colleagues on account of their false practice, and finds fault with my observations on that point. I beg of him to refer the criticism to some of his logical friends, and I have no doubt he will find that my views are borne out. As a proof also that my reasoning was fair and just, I refer him to what he has further advanced. He says, "I most deliberately and distinctly repudiate entirely the *greater portion* of the practice which I see recorded as homœopathy." Mr. W. is a very strange being. One would have thought that after having so completely exhausted his vocabulary of disparaging terms against poor Hempel, that some degree of geniality and moderation would be manifested towards others; but that is not the case. He must surely be very strongly impressed with a sense of his prodigious importance in the homœopathic school, to feel necessitated thus to repudiate the "*greater portion* of the practice which is recorded as homœopathy." Who ever charged him, or held him responsible for all this practice that he now formally *repudiates?* Who constituted him the great censor and umpire in the practice of homœopathy, that he should now have the audacity to pass an act of repudiation upon the greater portion of it? Must we as homœopathic practitioners be obliged to apply to Mr. W. for his *imprimatur* upon our cases, or run the risk of seeing them subjected to his repudiation? Surely things are coming to a strange pass! I grant that there are cases published which to my mind appear to be improper specimens of homœopathic practice, but the authors of these cases are alone responsible for them, I have no right to repudiate them. The cases above all others which I consider the most unfair and improper specimens of homœopathic treatment are those recorded by the 200th potency men—a kind of practice not only different from, but entirely inconsistent with

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and opposed to the spirit as well as the letter of Hahnemann's teaching.

> The age of chivalry is 'oer tis true,
> But knights and heroes still find work to do.

Mr. Wilson forcibly reminds one of the redoubtable Knight of Salamanca, running tilt against every one who has not confessed that his Dulcinea is the pink of "truth and honesty." Fearlessly he declares that "the New *British Repertory*, now publishing in parts, abounds in omissions, and I have detected in it erroneons translations as well as fabricated symptoms." "All the Repertories in the English language are miserable abridgments." The Materia Medica translated by Hempel is full of "inexplicable errors and omissions," "endless blunders;" and "hideous abridgments." Hempel himself is a "renegade." And as a wind up he says: "I most deliberately and distinctly repudiate entirely the *greater portion* of the practice which I see recorded as homœopathy." A Second Daniel come to judgment. Listen and be silent. He takes his seat in the vacant chair of St. Peter and now delivers his judgment. Who is the next to be brought before this dreadful tribunal and receive his sentence! What is the next subject upon which the ban of repudiation is to be passed?

2nd. The accusation of Misrepresentation.

At page 328 Mr. Wilson accuses me of misrepresenting him. I assure him I was not aware of having done so; and if it is true I shall apologise for it. Let us see. He says: "when and where did I write, for example, that 'eleven years ago Bönninghausen gave Dr. Wilson to understand that Hempel's translation was imperfect,' &c., I never said anything of the sort." Now Mr. Wilson must understand that I have not accused him of having said anything of the kind. I said so myself. And I shall

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give my grounds for so doing. At page 404, Mr. W. writes: "In 1851 (11 years ago) when I visited Bönninghausen at Münster, he cautioned me against depending upon any other editions of the *Materia Medica* than those of Hahnemann's in German, and after the earnest caution given by Bönninghausen, it seemed to me a duty to compare Dr. Hempel's translation." Can any one doubt for a moment that this caution included Hempel's translation? It is impossible. Bönninghausen may, as Mr. Wilson *now* insinuates, have meant *some one* in particular. If this is the case, Mr. W. has certainly in this instance, shewn himself to be anything but a truthful translator of ideas. If. B. really meant *some one special* individual, Mr. W. is to blame in translating it by the *general* and comprehensive term, *any one.* But further on, he says: "If my critic had been conversant with Bönninghausen's writing, he would have known to whom that sage old man especially referred." What! Does Mr. W. mean that he got his information there as to who was specially referred to? Was it there he learned the fact as to whose translation was not to be trusted? It would appear so. But this looks very queer indeed when compared with the first statement—that B. personally gave him to understand the fact. But, be that as it may, taking Mr. Wilson's rendering of Bonninghausen's idea that he was cautioned against depending on *any* other translation but Bonninghausen's in German, this *general* caution must and did refer to and include Hempel's as *another* translation *not* Hahnemann's in German. I was justified therefore in saying that "eleven years ago (1851) Bonninghausen gave Dr. Wilson to understond that Hempel's translation was imperfect." If wrong in this Mr. Wilson has misled me.

3. The 32 paragraphs in German.

It would be a waste of time and a waste of space to go

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over all Mr. Wilson's critical remarks on these paragraphs. I shall pass over all the accusations of "dangerous recklessness in the fabrication of symptoms," of having "mangled Dr. Hempel most cruelly," and of "having taken a license of fabrication most unpardonable," and also of having betrayed a "hopeless" amount of "ignorance," which Mr. Wilson cannot find language to "characterise." All this must be passed over as manifesting an unfortunate proclivity peculiar to the man, and which must always be more damaging to himself than to any other person.

Most of the remarks made on these paragraphs are entirely outside the argument. New symptoms and new conditions are introduced on which there was no dispute. Differences are stated and questions put in such a way as to lead the reader to suppose that I doubted or denied them. Men of straw are fabricated, set up, and conveniently demolished, and thus the real difficulties are evaded. Hempel is accused of having "*entirely* omitted" all the symptoms in the 32 paragraphs quoted. I have given evidence to shew that the charge of *entire* omission has not been made out. That there is a *difference* between the two I have granted and pointed out; but all argument as regards the difference does not affect the point at issue; and it is vain for Mr. Wilson to endeavour to cover up the difficulty by introducing matter foreign to the subject. The evidence on both sides has already been given, and the readers of the *Review* are perfectly competent to judge, without any further explanations. I therefore quit the subject.

There are two questions, however, which must be answered. Mr. W. says: "May I venture to ask from whence does my critic get *his two* symptoms which he adjusts to 185 and 186? I repeat the question, and expect it to be answered." The two symptoms separated into two paragraphs by Mr. Wilson are given by Hempel

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in one; namely, "No appetite and no hunger." The reader will find it at page 135, line 24, of the fifth vol. of the *Chronic Diseases*. In the first part of the paragraph we have the symptom "no appetite," corresponding to 185; and in the whole paragraph we have "no appetite and no hunger," corresponding to 186. What more would the gentleman want? He is fully aware that all throughout Hempel has abandoned the numerical order in his translation; right or wrong in doing this is another question. In the paragragh quoted, he does give the *true* symptoms.

The same answer applies to 167 and 172. Under 167 we have "dryness in the throat and stinging during deglutition, in the morning." And if it is true that the drug produces the symptoms in the whole of this paragraph, it is equally certain that it must be capable of producing each of them as parts of it. It must be capable of producing dryness of the throat in the morning, as certainly as dryness of the throat with stinging during deglutition, in the morning. In the adaptation of a particular drug to any special disease, while it is essential that the drug should, if possible, correspond to all the symptoms of the disease, it is not at all necessary that the disease should correspond to *all* the symptoms of the drug. According to the paragraph in question, dryness of the throat in the morning would be an indication for the use of the remedy, other things being equal. At the same time, the order and sequence of the symptoms ought to be a most important element in the choice of a remedy. But as Hahnemann's *Materia Medica* has not been constructed on a plan to shew this, we can seldom avail ourselves of it. Hempel is the only one, so far as I am aware, who has really done anything to shew this order and sequence in the development of drug diseases. Many of the isolated paragraphs, however, in Hahnemann's *Materia Medica*

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do shew this in so far as two or three symptoms are concerned; and in practice it must always be a stronger indication for the use of a particular drug in a given case, when, besides a similarity in the individual symptoms, we find a correspondence as regards order and sequence in entire groups of symptoms. Though dryness of the throat in the morning is a positive indication for the use of the drug, dryness of the throat accompanied by stinging during deglutition would be a stronger indication, certainly.

When patients come to describe their ailments, they do not require to be able to make any fine display of synonyms, or to enter into any elaborate philological distinctions as to the exact adaptation of certain terms. Translators and crochetty critics may indulge in this sort of work, but to carry it to the bedside of the patient is making the practice of medicine a caricature. In the case of infants, children, and all young people, who are most frequently ill, we can get no fine critical distinction as to terms. And yet it is just with these that homœopathic treatment is so pre-eminently successful.

4th. Cruden's Concordance and a Homœopathic Repertory.

Mr. Wilson draws a comparison between Cruden's Concordance of the Bible and a correct Homœopathic Repertory, and points to the analogy that should exist between the two. I have no objection to this comparison in so far as the mere *form* of the compilations are concerned. But would Mr. Wilson draw any analogy between the Bible and the Materia Medica? Does he really think there is any analogy between the provings of drugs recorded by Hahnemann and his German friends, and the revelations made by the prophets and holy men acting under Divine inspiration? It looks desperately like as if he did; and certainly his implicit faith in Hahnemann would quite prepare one to expect this. I hope the

editors of the *British Homœopathic Journal,* or some other equally competent authority, will open his eyes to this delusion, and give him to understand that all that is written in Hahnemann's *Materia Medica* is *not Gospel.*

5th. Mr. Wilson's Labours.

I have no doubt whatever as to the extent of Mr. W.'s labours; I only wish that the results of these labours and the experience derived therefrom had been now made subservient to further the interests of true homœopathy and to benefit the general body of its practitioners. But it would appear that his aim throughout was not the advancement of homœopathy, but instead of that, "a scrupulous observance of HAHNEMANNISM." This confession gives us the true key to Mr. Wilson's present bitter antipathy and opposition to progressive homœopathy. This opposition is now too late. Hahnemannism—as a rival, if not an opponent of homœopathy—has been tried and signally failed. Whatever changes may in the future take place upon homœopathy, the practitioners in this country will never submit to the authoritative dictum of any individual; and while they honour Hahnemann as the great discoverer and founder of homœopathy, they have learned to distinguish between the important truths which he discovered and taught, and a servile imitation of the man.

Extensive and valuable as Mr. Wilson's labours may have been, I still think that eleven years were more than sufficient to enable him to get through with the whole *Materia Medica.* I find no fault with him, however, on this account, and had no intention whatever of accusing him of laziness—far from it. The "slumber of eleven years" quoted, any one could see, had reference only to this, that in so far as making known the important fact of the untrustworthiness of Hempel's translation, there had been a slumber of eleven years. I believe Mr. W. to be

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a diligent and painstaking practitioner, and I have no doubt that whatever he may in future publish in connexion with homœopathy, will command and receive respectful attention. Only let him abstain from using such "atrocious" names towards his brethren.

Mr. Wilson next contrasts his extensive labours with my slow and meagre achievements. He assumes that it took me "eight months to examine thirty-two short paragraphs or symptoms;" and on this he is disposed to be a little sarcastic. Though not altogether to blame for this assumption, I must inform him that he is entirely wrong; and if his extended and copious Symptomatology has as little foundation in fact as this report, the sooner a lot of the rubbish is swept away the better. The paper referred to was in two parts; the first was sent to the editor of the *Review* in the month of July 1862, in good time for the August number, and the second was sent in August, in good time for the September number. Why these papers were not published at the time they ought to have been, the editor will be able to explain. And as Mr. W. is a lover of truth and honesty, I expect he will be at the trouble to ascertain the truth of this statement, and make it known. At the same time, I am "so organized" as not to presume comparing my humble and ordinary abilities with the high and masterly attainments of Mr. Wilson.

Mr. W. does not profess to be a homœopathist, but a Hahnemannian; and as these two terms can never be looked upon as synonymous, they must have distinct and different meanings. More than likely it was the knowledge of this that led him to make use of the distinctive term. He seems to be quite true to his man; for in judging of the practice recorded in homœopathic works, in place of judging of that by the light of science, or by the light of homœopathy, he judges it by the light of Hahnemann. I have in a former paper shewn that Mr.

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W. cannot be a Hahnemannian; and as he does not profess to be a homœopathist, what can he be? Surely it will not be believed that he has any connexion with the new doctrine referred to at the beginning of the Analysis, called the "mock science and mongrel homœopathy?" Time will reveal it.

6th. Evasion and substitution.

I put a question to Mr. Wilson, asking him "to state what real disease, or what stage or phase of any disease that is represented in Mr. W.'s list, that is not equally well represented in Hempel's." This question Mr. W. found it more convenient to evade than to answer, and like his friend Dr. Cameron, when in a similar fix, very complacently puts another question in its stead. The Socratic method of argument is generally powerful and convincing, but Mr. Wilson's is a rascally bad imitation of it, the answer required by his question having no reference whatever to the question put by me. He refers to the symptoms of *sarsa.*, 170 of which are given by Dr. Müller, and 100 by Hempel, and then adds: "Will Dr. Cockburn be so obliging, therefore, as to inform the profession what are his *substitutes* for these." I beg to inform Mr. Wilson and the profession that I am quite well pleased with the Materia Medica *as it is*, until a better is produced, and have never proposed nor offered any change upon it. I leave that for others to do, being fully satisfied that the Materia Medica, as we now have it, contains quite an abundance of material to enable the practitioner correctly to choose his remedies; and that an abridged or insufficient condition of our Materia Medica is not *the* cause of our failures in practice.

But while this is so, it is quite possible that Mr. W. could produce a translation of Hahnemann's Materia Medica having advantages over Hempel's. Let him, as already invited, set to the work at once, and make no

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more noise about it; we shall all be glad to avail ourselves of every assistance in this important department of our science.

There is another side of the picture, however. Some who ought to be well qualified to judge, allege that a vast amount of rubbish has found its way into the Materia Medica; that a large number of the so-called symptoms supplied by some of Hahnemann's provers are altogether spurious—pure fabrications—and ought to be expunged. I confess my inability to decide on this point, but have grave suspicions that the allegation is not without foundation. Those who are competent to judge in this matter, would do a very great service to our school were they to publish the evidence leading to such a conclusion. Imperfections in the translation are of very small moment indeed, compared with the fact that there are such vast numbers of spurious symptoms. A true and reliable Materia Medica is what we want; its dimensions are of secondary importance. Errors must have crept into our system and into our Materia Medica; but that is not to be wondered at. It is the duty of this age to clear away the errors of the past, and work for the development of homœopathy both as a theory and an art. True homœopathy is fitted for all times and all people; it contains the elements of progressive development in principle, universality in application, and catholicity in spirit. Let us seek to bring it up to the requirements of our age. Some there are who would cripple and bedwarf its upward and outward growth, by confining it in the swaddling-bands of its infancy, limiting its adoption to a narrow section of the profession by the manifestation of a spirit of intolerance and exclusivism, and virtually shutting out the great majority of the world from participating in the blessings it is calculated to afford. It is for the liberal and progressive men in our school—and it is gratifying to know

that the majority are such—it is for them to advocate and manifest a different spirit, and to shew to the world and the profession at large, that homœopathy is neither the badge of a sect nor the shibboleth of a party, as it has too often been represented to be, but a universal gift of love from the Father of Mercies to a suffering world, which even in our own day ought to make rapid strides to universal dominion.

I have now to take notice of Dr. Cameron's last paper; and as most of the matter in it has been already sufficiently discussed, I shall be very brief. What has been written stands, judge and jury will give their verdict. Not that the subject has been exhausted; for whether doses are massive and powerful, or infinitesimal and attenuated, few men will confess to a defeat; and as doctors will differ, we must and we ought to agree that it be so. There is no use in either party getting angry or petted, merely because he does not get all his own way. I am glad to confess that this paper of Dr. Cameron's, though not courteous, is at all events civil; and I hope that, though we have broken lances with each other, we will not now, when the controversy is over, be any the worse friends. There are but *two* points to which I shall direct attention.

1st. Drug provings and contradictions.

Every drug acts on the body in a way peculiar to itself; and it is a fact, that, all over the world, and on every human being, every drug acts in this way, and in no other—the mode, the nature and the kind of action of each drug is ever the same. And it is just for this very reason that we would in any part of the world, and to any number of patients, always administer that very medicine which in its symptoms corresponded to the totality of the symptoms of the disease. But, if the same drug does not always act in the same way on every individual in a state

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of health, what reason have we to believe that it will act curatively when indicated in a state of disease? Dr. Cameron says: "Surely Dr. Cockburn can understand how one prover would be affected in one way by the drug, and another in another, just as the same disturbative agent daily affects differently different persons who are exposed to it." Now, granting that it is not necessary that every prover should have experienced *all* the same symptoms, and all to the same extent, still it is necessary that the *nature* and *kind* of action ought and must be the same, if the provings were correct. If we allow that the very same agent, under the same circumstances—that is to say, in a state of health—is capable of acting in a different way on different individuals, then we may have *sarsaparilla* acting like *opium* on one, like *sulphur* on another, and like *camphor* on a third.

Sarsaparilla is said to produce a "total want of thirst during the whole period of proving." Now this is either true or it is not. If another prover says it produces thirst during the proving, then I must conclude that there is an error somewhere. I can understand how a drug can produce both thirst and a want of thirst during the proving; but then, in that case, the drug would not produce a total want of thirst during the whole period. Dr. Henderson, one of the most liberal and advanced homœopathists, and one of whom we may well feel proud, has been referred to as a supporter of Dr. Cameron's assertion. But the reader will observe that at page 253 of *Homœopathy Fairly Represented*, Dr. Henderson is referring to the fact of *nux vomica* producing both diarrhœa and constipation; but in this there is no contradiction whatever, any more than there is in the fact that *aconite* and *arsenicum* produce both heat and cold in the body. It has never been asserted by any of the provers that *nux vomica* produced constipation during the *whole period* of proving,

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any more than that it produced diarrhœa during the whole period; but that it produced both diarrhœa and constipation. And if the drug is taken in proper quantities, it will produce these effects on every prover. The drug has no capricious mode of acting, as Dr. Cameron seems to imagine, affecting one man in one way and another man in another way, and possibly fifty others in fifty other different ways, but it affects every one in one way, and that in a way peculiar to itself. On this point I fully agree with Dr. Hahnemann, who ought to have some authority with Dr. Cameron. At page 132 of the *Organon* he says: "Every such medicine, namely, acts at *all* times, under *all* circumstances, on *every* living human being, and produces in him the symptoms peculiar to it (distinctly perceptible, if the dose be *large* enough), so that, evidently, every living human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at any time, and absolutely (unconditionally)."

2nd. The "two sections."

It has been asserted by Mr. Wilson, and repeated by Dr. Cameron, that there are "two sections" in the homœopathic school. This, like some other assumptions, is purely gratuitous, and totally unsupported by evidence. That some professing homœopathists are actuated by a sectarian spirit is too apparent, but that the homœopathic body is divided into two sections, is not true. The lay reader ought to be informed that the great body of homœopathic practitioners in Great Britain is not divided into two sections, neither does it acknowledge the existence of any such division. One or two exceptions to this will only prove the rule. There are differences of opinion on many points, that is true; but if we are to be divided into sections on the ground of difference of opinion, then we may have twenty in place of two sections.

Mr. Wilson's virulent assault on Hempel, and his

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serious charges against the majority of homœopathic practitioners, can be accounted for only on the understanding that he wishes to effect a division of the homœopathic body into sections, by producing schism in our ranks. The spirit is a bad one, and must fail. The formation of two sections could be brought about only by the institution of two medical creeds, the adoption of the one or the other of which would allow admittance into the one or the other section. As Mr. Wilson refers to the two sections as already existing, it is evident that he must know their respective creeds, and that one of them must be his. I need scarcely be added, that as a matter of course his must be the right one, and on the ground of this he assumes the right of passing condemnation on all who do not agree with him, and of solemnly *repudiating* them and branding them as *renegades;* and thus opens the door and sets the example to a persecution of one homœopathist by another, more painful and more obnoxious than anything we have ever yet experienced at the hands of our open opponents, the allopaths.

And all this is done from a professed zeal for Hahnemann. Apart from schism and persecution, what is to be gained by the introduction of a so-called Hahnemannian creed? A man's creed ought to indicate what he is. But would uniformity in the creed secure uniformity in practice? And if not, the creed is a deception. Would the mere adoption of a creed give experience, talent, and a medical genius to every one? Verily no. *As every man must make his own practice, so must every man be a creed to himself.* Tell me not that Hahnemann was a creed-maker and a sectarian. The name of that great man has been brought into ridicule and disgrace by the imprudence and indiscretion of some of his followers, who would represent him as little more than a pretender to infallibility, and a dogmatist. Hahnemannism! Who had a

right to manufacture the term? who has a right to use it? Hahnemann, with all his high attainments, gave way to fanciful speculations, fell into errors, and made mistakes just like other men. But it is unjust and cruel to mix up the failings and short-comings of the man along with the grand and precious truths which he discovered, and to present that mixture as the characteristic of the man. How would the great and good men of the past stand, if this course were followed? No wonder his name has been reviled, and the system he propounded brought into disrepute. But Hahnemann and homœopathy have outlived the folly of friends as well as the assaults of opponents, and will still do so; and just because the *law of cure* which he discovered and taught is *true*. Hahnemann no doubt did a great deal that was valuable, besides the discovery of the law of cure; but this alone is the true and the imperishable foundation of his reputation.

"A scrupulous observance of Hahnemannism" is a delusion. We can have servile imitations of the *letter*, in so far as teaching is concerned, and imitations of the *form*, in so far as practice is concerned; but the letter and the form do not constitute Hahnemann. And though a good imitator of these, the man may yet be not only far, far away from Hahnemann, but in reality may be opposed to him. The *power* and the *success* of Hahnemann lay in the mind, the genius, and the spirit of the *living man*. But who can scrupulously observe these? who can imitate them? These constituted the man Hahnemann; and it is only those who have caught a glimpse of these behind and beyond the letter of the teaching and the form of the practice, who really know anything of the man. This, of course, forms no part of the philosophy of outside imitators.

To hold up Hahnemann as a pretender to infallibility, and a creed-maker; as a potentizer, a globulist, and an

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olfactionist, is enough to fill one's soul with indign
Let every true and progressive homœopathist stri
maintain the honour and reputation of Hahnemann o
only true and lasting basis of his glorious discovery
while a few of his professed friends, actuated by s
tarian spirit, would seek to sow the seeds of divisi
order to make two opposing sections in our body,
rally around our illustrious hero, who, in announcin
homœopathic law, proclaimed the *Magna Charta* of
cal liberty. By this discovery we have been free
ever from every dogma, every speculative and every
made creed, and introduced into a brotherhood in
every one has equal rights and privileges, and no on
a right to repudiate or anathematise his neighbour.
in place of advocating and commending homœopat
the profession or the public as "a scrupulous obser
of Hahnemannism," let us represent *it* as embodyin
true law of cure, and point to Hahnemann as the *Libe*
of medicine.

Let no man belonging to any *section* dare to po
Hahnemann as having been a sectarian; he never
From his first appearance on the platform of medici
the end of his eventful career, we have one conti
living protest against every creed and every form o
tarianism. Indeed, his complete liberty often led h
an opposite extreme. But even in his wildest and
extravagant theories, every faithful student will fin
germs of grand and beautiful truths.

In conclusion, let me commend to every individu
every diversity and shade of opinion, the following
council, which Hahnemann himself has put on reco
"The rallying motto of a sectarian name is incapa
exciting to sober, calm, scientific investigation; it
rouses the explosive spirit of accusations of heres
fierce volcanic flame. Truth and the weal of hum

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should be the only motto of the genuine elucidators of the art, and the watchword of their brotherly, peaceful bond of union, without slavish adherence to any sectarian leader, if we would not see the little good that we know completely sacrificed to party spirit and discord." Can Mr. Wilson read these words, and stand face to face before the spirit of the man who penned them, and not hide his head in shame? A friend and follower of Hahnemann! Shade of Hahnemann! behold in the representative of a *sectarian name*, and a *sectarian leader*, a faithful *follower of thy spirit*, and in the *repudiating accuser* of his brethren, a truthful *translator of thy ideas*. But further, let the spirit of the departed again speak out. "We all strain after a common, holy object; but it is not easy to be attained. It is only by joining hand in hand, only by a brotherly union of our powers, only by a mutual intercommunication and a common dispassionate development of all our knowledge, views, inventions and observations, that this high aim can be attained.

"Physicians of Germany [of Britain], be brothers, be fair, be just!"

And to every one who can take this council and manifest this spirit, I cheerfully extend the right hand of fellowship.

NOTE.—The reader will please correct the following errors:—

At page 304, line 18, for "con*cert*" read "con*coct*."
" 365, " 7, for "cha*r*ge" read "cha*n*ge."
" 368, " 30, for "every" read "any."
" 371, " 12, for "eve*n*" read "eve*r*."
" 373, " 18, for "creature*s*" read "creature."
" " " 29, after "up" add "to."
" 374, " 10, for "every" read "any."

A RENEGADE.

It is a striking fact in favour of the truth of the Homœopathic law, that, in spite of the pressure of the Allopathic Medical press, and of the inducements held out of professional position and advancement, instances of medical men, who have once given in their adhesion to the principles of homœopathy, returning to the uncertain and ever changing therapeutic theories of the old school, with its gross medication, are so rare. With the exception of the late Mr. Kingdon, who was, at best, never more than "parcel allopath, parcel homœopath," as we have already described, we are only aware of two such cases in this country. One was Mr. Lynch, of Sudbury, who some ten years ago declared himself a homœopath, and was we believe for a time in the Council of the London Homœopathic Hospital. This gentleman published some cases, in the *Homœopathic Times* of 1853, treated, certainly, with globules; but, as it struck us at the time, not with globules saturated with medicines homœopathic to the symptoms detailed. They appeared to be cases of spontaneous recovery from disease, not of cures by homœopathic remedies. If Mr. Lynch had desired to shew that he was ignorant of the very basis of homœopathy, he could not have done so more effectually than by the publication of these cases. He has since, we understand, given up the professed use of homœopathically selected medicines.

The other instance of tergiversation has more recently occurred in the person of Mr., or, as he prefers to be styled, "Dr." Coombs of Bedford. A correspondence with reference to this gentleman having been met in consultation by Dr. Burrows of London, and Dr. Wharton of Bedford, appeared in the *Lancet* some months ago. At that time, it was obvious enough from the statements of

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Dr. Burrows, that Dr. Coombs had very little right to be regarded as a homœopathic practitioner. We believe, however, that he has practised homœopathically, as we are aware of one of our most distinguished colleagues having treated a case jointly with him at Bedford. The correspondence alluded to, has given rise to the establishment of a "Medico-Ethical Society," that is to say, a Medical Trades' Union, in Bedford, mainly, it appears, to extract from Dr. Coombs, a pledge, in writing, to the effect that, in future, he would not practise homœopathy, and that he would discontinue to use the degree of M.D. obtained by him from a Homœopathic College. To the first part of this contract Dr. Coombs agreed; to the latter he demurred. Dr. Coombs has promised, in future, not to practise homœopathy. We defy him to keep his promise. There is not a medical man who does *not*, more or less frequently, according to the number of cases coming under his observation, practise homœopathically. It may not be admitted, but it is done, and done daily. Moreover, the bulk of success met with in the treatment of disease is due to homœopathic remedies! The degree held, and held fast too, by Dr. Coombs, is from the Cleveland Homœopathic College—a College which, by its indiscriminate awards of the title of M.D., has earned an unenviable notoriety. Such a degree is no test of merit, nor of medical education. Why Dr. Coombs declines to sacrifice it along with the principles he has professed to hold, we are at a loss to conceive. We wish, however, now to ask Dr. Coombs how it comes to pass that he ever professed to believe in homœopathy? He would not, we will presume, have done so without having some good solid reason for his faith. Are these reasons less valid now than they were some years ago? Has Dr. Coomb's experience of homœopathy led him to believe that his former conclusions were erroneous? If so, we should much like

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to have some account of his investigations. We ha never yet seen a book written against homœopathy l any one, proving from *clinical facts,* that the law inapplicable, the small dose insufficient, the single med cine inadequate, or the provings unreliable, in the trea ment of disease. If Dr. Coombs is justified in his reca tation, he has the materials for such an essay in l possession, and we challenge their production! He bound, by motives of self-respect, to assign his reas for occupying the humiliating position in which he l placed himself. If his experience of homœopathy l not compelled him, out of regard to the welfare of patients, to resume his faith in homœopathy, why has given the written pledge not to practise it? Is it to p pitiate his medical brethren in Bedford? Is it beca he dreads professional opposition, and malignity? If his act is one of simple cowardice. On the other ha unless some further explanation is offered by Dr. Coom he is open to the charge of having professed to homœopathic remedies without ever having had any c fidence in them, and moreover without any knowledge the artistic method of applying them in disease. Can l Coombs, then, from past experience, shew that the pr tice of so-called allopathic medical men is more success than that of homœopathists;—or, failing this, has ceased to do what he believes to be best for his patie for want of moral courage;—or, has he during the ti he did profess to practise homœopathically, done simply as a means to "get into practice," without kn ledge of, or faith in its principles? We trust that Coombs will give us reasons for his discontinuing practice of homœopathy.

In the mean time, Dr. Coombs, although a reneg from homœopathy, is to be tabooed by the allopathi whom he has striven, at so great a price, to concili

ess he consents to renounce the title of M.D. of the omœopathic College of Cleveland. Through whom, nd in what terms, did Dr. Coombs apply for that iploma?

CONTROVERSY ARISING OUT OF THE ARCHBISHOP OF DUBLIN'S RECENT LETTER ON MEDICAL TRADES'-UNIONISM.

Communicated by Dr. Scriven, Dublin.

(Continued from page 436.)

HOMŒOPATHY.

To the Editor of Saunders's News-Letter.

No. 3.—February 17th.

Sir—I cannot help feeling gratified to find that a letter can be written by a gentleman who assumes to represent the recognised medical school in this country, on the subject of Hemœopathy, which does not exhibit angry feeling or contemptuous indifference. Were the controversy between what may now be denominated the rival systems, always conducted in this way, we might confidently leave it to time and the progress of scientific knowledge, in a land of liberty of thought and action, to fight our battle, feeling secure that the result must be ultimate triumph. I desire in any observations I make to follow the example of your correspondent and preserve this spirit, which indeed should characterise all intellectual controversy, in secular, as well as in religious matters. "Medicus," whose letter professed to be a reply to a letter of the Archbishop of Dublin on recently enacted bye-laws of the College of Surgeons, has already been answered in a few pithy words, to the effect that the main argument in the original letter not having been touched upon at all, the victory rests with his Grace. In this conclusion I heartily concur. As, however, there were other topics introduced, which seem to call for observation, I beg leave to offer a few remarks of my own upon some of these.

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He commences by admitting that the College of Surgeons and the College of Physicians in Ireland wish to exclude from their body homœopathic practitioners. This he could not deny; everybody knows that they have taken active measures to ensure this end. The former body "ordained," some time ago, "that no fellow or licentiate of the College shall pretend or profess to cure disease by the deception called homœopathy," and "that no fellow or licentiate of the College shall consult with, meet, advise, direct, or assist any person engaged in such deception or practices, or in any system of practice considered derogatory by the physicians or surgeons." This ordinance seems to be in contravention of the 23rd section of the Medical Act, which enacts that "In case it shall appear to the General Council that an attempt has been made by any body, entitled under this act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt, or refrain from adopting, the practice of any particular theory of medicine or surgery as a test or condition of admitting him to examination, or of granting a certificate, it shall be lawful for the said council to represent the same to Her Majesty's Most Honorable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice; and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this act so long as they shall continue such practice;" as well as of the 28th section—viz., "Provided always that the name of no person shall be erased from the register on the ground of his having adopted any theory of medicine or surgery." The latter body have adopted a form of declaration to be made by all licentiates on admission, apparently modelled on the foregoing:—"I engage not to practise any system or method (so called), for the cure or alleviation of disease, of which the College has disapproved." * * * "And I solemnly and sincerely declare, that should I violate any of the conditions specified in this declaration, so long as I shall be either a licentiate or fellow of the College, I thereby

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render myself liable, and shall submit to censure of the College, pecuniary fine (not exceeding £20), or expulsion and surrendering of the diploma, whichever the Presidents and Fellows of the College, or the majority of them, shall think proper to inflict." But your correspondent further states that the Colleges were founded "for the purpose of providing the public with medical and surgical practitioners of approved qualifications," which they guarantee by giving a licence. Now (to take the last first), what does the word "qualifications" mean? Is it positive or negative? Does not the expression signify the possession of knowledge? Is not the term intended to show that the candidate has gone through a course of study fitting him to deal with medical or surgical questions, not as an ignorant empiric or quack, but as one versed in the science in its theory and practice? Surely it cannot be considered as intended to imply disqualification for the adoption of improvement or of simplification, or of theoretical or practical development? This would be absurd. No intelligent man would wish to bind himself by anticipation to reject what he might at any time discover to be, in theory or practice, a rectification of existing error. No; qualification in natural science means knowledge, not creed, and hence it is the authoritative testimonial of the possession of this knowledge which the homœopath seeks to obtain and considers he has a right to obtain on standing the appointed test. The statement of your correspondent, that he desires the licence for the purpose of "obtaining practice under false pretences" is, therefore, unfounded. It is not the name of licentiate he claims, but his right to legal evidence of the possession of the knowledge which this designation implies. "Medicus" goes on to say—"The public understand that our licence is an authority to practise scientific medicine and surgery." The insinuation conveyed in this sentence deserves remark, because, as regards medicine, the system of Hahnemann professes to be a scientific system—the result of legitimate induction—in contradistinction to the older and empirical system; and, as regards surgery, there is no substantial difference in the practice of the homœopath

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and the allopath, But, "Medicus" adds—"The refusal (licence by the Colleges, instead of being a detestable act tyranny," appears a plain, imperative duty, imposed upon tl by their charters; and, by way of justifying this assert he lays an "analogous case" before his readers—that, nam of a Unitarian minister claiming ordination as a matter of ri from the Archbishop of Dublin, altogether avoiding the re analogous case of the "trades' unions" cited by the Archbisl Allow me, then, to take this case as put by your correspond and look at it from a common-sense point of view. How revealed religion and natural science related? Religion—t is, the Christian religion—is no discovery of man's—no grad development of truth—no imperfect code or creed, collec from various sources in the progress of ages and parti organised by degrees into the present system. Christian tr is a free and perfect gift of God to man, which man could ne have arrived at by his own efforts; it was revealed, in its un proachable perfection, for the benefit of humanity, to all fut ages, and an anathema was denounced upon him who sho add to it or take away from it, for ever. And hence the teach of religion have no option. They can only teach what tl have been taught, and what never can be improved upon derogated from. They are depositaries of the truth, not quirers after it. They are sentinels, not pioneers. Natu science, on the other hand, owes nothing to inspiration. It l sprung up by slow degrees, and through every stage of imp fection, out of the experimental labours of man. It is still an advancing state—nobody pretends that it is complete, that it is incapable of progress. No instructed person asse that it is free from error. In medicine, especially, ev century has witnessed the abandonment of long-cherished de sions, and the adoption of new truths. When, therefore, y correspondent lays his "analogous case" before us, he forg how wholly it differs from that which he is considering, a how far it is from adding anything to his argument. T letter concludes with the assertion, that the Archbishop l overlooked the essential difference between self-constitu

trades' unions, Ribbon societies, &c., and chartered bodies with legally defined powers and duties. The writer appears to forget that the point tells against himself. The rules by which homœopathic practitioners are excluded are not the laws of the charter, but restrictive regulations framed in a way precisely analogous to that of the trades' unions, &c. According to the charters, as interpreted by the 23rd section of the Medical Act, there should be no obligation laid upon any candidate for examination "to adopt or refrain from adopting the practice of any particular theory of medicine or surgery as a test" of admission or ground for claiming a certificate. Yet these bodies have thought proper to restrict rights so defined by Parliament, so as to exclude the practitioners of a certain theory from the enjoyment of them. Is not this "trades'-unions'" tyranny? The Archbishop indeed goes further. Leaving out of the question the argument as regards licences, he says it is unjust and illiberal to lay a restriction upon the right which all individual members, even of a professional body, ought to possess to consult with persons who may have adopted ideas at variance with their own; and that no individual should be required to pledge himself not to consult with any person however he might differ from him in his theory and practice. Of course if that individual were already resolved of his own accord and on his own unbiassed judgment to avoid collision with such a party, there would be no need for a pledge to that effect. But should he conscientiously desire to hold communication with him, a pledge would only restrain him from doing that which his reason urged him to do, and would thus become tyrannical. Such are a few of the points in the letter of "Medicus" which have occurred to me as deserving notice. I could easily enlarge upon what I have said or introduce new and important matter. The public is seriously interested in the discussion, but I must not trespass too far upon your space and kindness.—I remain, sir, &c. M. B.

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No. 4.—March 6th.

"The true physician is of no sect."—Gairdener.

Sir—As you have lately opened your columns to communications on the subject of homœopathy may I (a mere searcher) request a limited space to lay before your readers some passages from authors of repute and honesty, pourtraying in plain terms, the main features and salient points of the most gigantic delusion which has ever assumed the garb of science to cloak flagrant charlatanry. As an author of "repute and honesty," in the first place I introduce Dr. Oliver Wendell Holmes, of Boston, New England, who in a very creditable work entitled "Currents and Counter-currents in Medical Science," under the head homœopathy, thus expresses himself:—"When a physician attempts to convince a person who has fallen into the homœopathic delusion of the emptiness of its pretensions, he is often answered by a statement of cases in which practitioners are thought to have effected very wonderful cures." The main object of Dr. Holmes is to show from abundant facts, that such statements made by persons unacquainted with the fluctuations of disease and the fallacies of observation, are to be considered in general as of little or no value in establishing the truth of a medical doctrine on the utility of a method of practice. Those kind friends who suggest to a person suffering from a tedious complaint "That he had better try homœopathy" are apt to enforce their suggestion by adding, that "At any rate it can do no harm." This may or may not be true as regards the individual. But it always does harm—very great harm to the community—to encourage ignorance, error, or deception in a profession which deals with the life and health of our fellow-creatures. The time has come when the laity (so to speak as regards the public) must pass formal judgment between the physician (the minister and interpreter of nature) and the homœopathist, as it once did between Luther and the Romanists. The practitioner and the scholar must not smile at the amount of time and labour expended in combating this shadowy system; which, in the calm and serious judgment of many of the wisest

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members of the medical profession, is not entitled by anything it has ever said or done to the notoriety of a public rebuke, or still less to the honors of a critical martyrdom. The delusions which Dr. Holmes has selected for classification with homœopathy are the following. "1st. The royal cure of king's evil, or scrofula, by touch. 2nd. The weapon ointment and its twin absurdity, the sympathetic powder. 3rd. The tar water mania of Bishop Berkeley. 4th. The history of metallic tractors, or perkenism." Let us fuse their absurdities into a mass. A slight agitation will, no doubt, produce a mass of crystalised absurdities, and form a remarkable chapter in the history of epidemic delusious. In his second prelection Dr. Holmes thus expresses himself very much to the point. "It may be thought that a direct attack upon the pretensions of homœopathy is an uncalled for aggression upon an unoffending doctrine and its peaceful advocate, but a little inquiry shows that it has so long assumed a hostile position to the medical profession, that any trouble or labour bestowed on it must be considered a self-defence." Homœopathy was ushered into this "breathing world" with a flourish of trumpets, "with a daring insult flung in the face of the great Bacon, by a Novum Organon," vain attempt to seduce the true philosopher into the service of empiricism. The character of the true philosopher is "to believe everything not unreasonable, and to hope for everything not impossible." In Homœopathy, everything is unreasonable, absurdities are imposed on ignorance, and to credulity is nothing impossible. In a future communication, I purpose laying before your readers several striking passages from the pens of the late lamented and honored Sir B. Brodie, Sir David Brewster, Dr. Gairdener, of Edinburgh, Dr. Simpson, of Edinburgh; and from various other sources which, I trust, being "read, marked, and inwardly digested," may result in enabling every calm and cultured inquirer to arrive at the conclusion that homœopathy has found its place in company with the delusions with which Dr. Holmes has classed it.—

I am, sir, your obedient servant, JOHN SEARCH.

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No. 5.—March 13th.

Sir—I really feel grateful to "Mr. John Search" for his letter on the subject of homœopathy. I thank him, and I thank you, sir, for affording him room in your columns. We could scarcely have a better advocate. His letter is unanswerable. I leave the matter in the hands of your readers, who will, no doubt, derive entertainment as well as instruction from the turn the controversy has taken. Were I less sensibly alive to "Mr. John Search's" powers of argument, and less apprehensive of his threatened array of authorities, I should feel more confidence than I do in subjoining the following extract from an essay by Sir John Forbes, in the forty-first number of the *Medical Review*, p. 226:—

"Hahnemann was undoubtedly a man of genius and a scholar, a man of indefatigable industry, of undaunted energy. In the history of medicine his name will appear in the same list with those of the greatest systematists and theorists; unsurpassed by few in the originality and ingenuity of his views, superior to most, in having substantiated and carried out his doctrines into actual and most extensive practice. By most medical men it was taken for granted that this system was one not only visionary in itself but was the result of a mere fanciful hypothesis, disconnected with facts of any kind, and supported by no processes of ratiocination or logical inference; while its author, and his apostles and successors, were looked upon either as visionaries, or quacks, or both. And yet nothing can be further from the truth. Whoever examines the homœopathic doctrines as enounced and expounded in the original writings of Hahnemann, and of many of his followers, must admit not only that the system is an ingenious one, but that it professes to be based upon a most formidable array of facts and experiments, and that these are woven into a complete code of doctrine with singular dexterity and much apparent fairness. And it is but an act of simple justice to admit that there exists no grounds for doubting that Hahneman was as sincere in his belief of the truth of his doctrines as any of the medical sys-

tematists who preceded him, and that many, at least among his followers, have been, and are, sincere, honest, and learned men. That there are charlatans and impostors among the practitioners of homœopathy cannot be doubted; but alas, can it be doubted, any more, that there are such and many such among the professors of orthodox physic. On these grounds, then, it appears to us reasonable that the claims of homœopathy, regarded as a system of medical doctrine, ought to be admitted so far as to entitle it to investigation at least, and, in undertaking such an investigation, we have no more right to reject the evidence supplied in its favour by its professors than we have of rejecting any other evidence in favour of any other medical doctrine, theoretical or practical." M. B.

(*To be continued.*)

FRAGMENTARY REMARKS

ON A REVIEW IN "THE BRITISH JOURNAL OF HOMŒOPATHY," IN REFERENCE TO THE ENGLISH VERSION OF THE MATERIA MEDICA.

By Mr. D. Wilson.

In the last (July) number of the above Journal, there is an Editorial review,—on the subject to which I have been of late directing attention, viz., the correctness of the English version of the Homœopathic Materia Medica,—which ought to be read and well considered by every member of the profession. The tone of the article is so entirely modified, when compared with that of a previous critique [entitled "Love's Labour Lost," Oct. 1862] on my papers published in the *Homœopathic Review*, that I beg to offer my congratulations to the Editors of the *British Journal of Homœopathy*, on their adoption of a more dignified and becoming style of diction, on a subject of such grave importance as that under consideration. The review, however, contains much that is erroneous and illogical.

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This is to be regretted, as those who are not thoroughly conversant with the subject may be led thereby to adopt some plausible fallacies, interwoven with writing which would otherwise seem to be very straight-forward and honest. I regret that I have not time to point out, so fully as I could wish, all that seems to me untenable and unsound in the review. Some few errors however I cannot allow to pass unnoticed; and the first in the list having especial reference to myself commands my attention. The reviewer writes: "In one instance he [Mr. Wilson] lays stress on the language of the original, by giving it in full, thus: 'Constant sweet taste in the mouth, almost like that from liquorice wood, for several days.' (Wilson, page 339, vol. vii. *Monthly Homœopathic Review.*) Now it is very odd (continues the reviewer) that 'on referring to the original,' *i.e.*, Hahnemann's Sarsaparilla, we do not find that symptom at all! But we do find it as a symptom of Sabadilla—not a Hahnemannic medicine—so how Mr. Wilson came to mix it up with a critique on Sarsaparilla it is very difficult to understand, and may dispose him to mitigate a little the severity of his language, even when justly correcting the errors of Hempel, near the close of an immense labour, such as the translating, or even the copying, of hundreds of thousands of symptoms involved."

I am surprised that German scholars of such repute as Drs. Drysdale and Dudgeon, editors of the *British Journal of Homœopathy*, should have neglected in this instance to examine the "original," and thereby allowed me, in editorial review, to be charged with an error that is entirely their own. Hahnemann himself admits, in his *Chronischen Krankheiten*, published 1839, that he gave this Symptom 175 from Ng. Surely, then, Ng. is the "original;" and if the editors of the *British Journal of Homœopathy* will turn to the second volume of Hartlaub and Trinks' *Reine Arzneimittellehre*, published in 1829,

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t ten years prior to the publication of Hahnemann's rk, they will find at page 318 the symptom (67) as I ɔted it. The following will show how it stands in rtlaub and Trinks' Materia Medica, as well as in Hahnann's version of the symptom.

Hartlaub and Trinks.	*Hahnemann.*
'67. Stets süsslicher Gemack im Mumde, fast wie *Süssholz*, mehre Tage. Ng."	"175. Geschmack im Munde stets süss, mehre Tage. Ng."

I have *italicised* "Sussholz"—liquorice wood—to mark characteristic kind of sweetness which has been omitted Hahnemann, and I trust that the editors of the *British rnal of Homœopathy* will in their next number do me ice, by acknowledging and correcting their own error. e omission of "Sussholz" in Hahnemann's text must, my opinion, be attributed to the carelessness of some, haps not over-scrupulous, copyist whom Hahnemann his advanced age may have employed. This surmise y no means improbable, if we remember that he must e been in his eighty-fifth year when the last volume of *onic Diseases*, containing Sarsaparilla, was published. hnemann himself was a model of accuracy, and it is r by supposing that he was dependent in some degree n the accuracy of others that we can account for lry omissions and alterations in his latest text, of the ptoms furnished by original contributors to the Materia lica.

must now reply to the charge of my having mixed up adilla with Sarsaparilla. The symptoms in each are e distinct and different. We have already examined of Sars. fully. The Sabadilla symptom stands in the inal thus: "Süsser Geschmack im Munde; es ist ihm, b er Süsholz gekauet hätte (n. 1 St) [Schönke]" *i.e.*, et taste in the mouth as if he had chewed liquorice

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wood: after 1 hour. This may be a temporary or passing symptom, very different to that of Sarsaparilla, the *sweet* taste of which is *constant for several days*. It is only to be regretted that Hempel's errors were *not* confined to those committed "near the close" of his labours. My reviewer can have taken but a cursory glance at the remedies he indicates, viz., Aconite, Arnica, Belladon., Cocc., &c., if he has not been able to detect more errors than the few he implies. The translation of Aconite, at the commencement of Hempel's labours, is a disgrace. The numeration of the symptoms in many places is entirely wrong, and a novice, however willing, would have great difficulty in comparing the German with Hempel's translation. We also find omissions, though few; but ought we to have had any? We think not, from a conscientious honest translator, especially if he had "the power and the will to translate with fidelity and correctness." The most indulgent critic should hardly, I think, accept the immensity of one's labours as an excuse for gigantic errors. When a man can no longer command his brain, he should cease to work it. The world will owe his inaction more gratitude than his continued labours under such disadvantages.

The reviewer writes: "Mr. Wilson's criticism [of Hempel] is *just* and *valid*, while in *eleven examples* [of 60 symptoms examined by reviewer] the *alteration* is so *important* as to *restore* the *essential characteristic* of the symptoms, which had been *lost* by *omission* and *incorrect rendering*." The highest reward of labour is public discernment of its utility, and I am quite satisfied to find that my exposition of Hempel's blunders has aroused a becoming spirit of enquiry on a subject of "vital importance to us all." Had my reviewer, however, extended his close comparison of Hahnemann's original work with Dr. Hempel's translation, he would have vastly increased his number of examples.

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One can only regret, if the imperfection of Hempel's translations were known to the German reading members belonging to the Repertory Committee of the Hahnemann Publishing Society, that some few prefatory words on the subject were not given at the commencement of the Repertory. At all events, a mistake like that which I am about to point out, ought not to have crept into a part of the Repertory compiled by one of the "German reading members." At page 15 of that work we find the following: "Objects appear closer together—bov." Now this is an incorrect translation of a mere fragment of what seems to me a very important symptom, contributed by Schreter, and to be found in the third vol. of Hartlaub and Trinks' Materia Medica. I shall give it in full.

Bovista.	*Translation.*
Symp. 138. Augentäuschung; sie fürchtet sich, die neben ihr sitzende Person steche ihr mit der Scheere in die Augen, obschon selbige zwei Schritte von ihr entfernt sass und Papier schnitt; aller Versicherungen ungeachtet, kam es ihr vor, als sei die Scheere dicht vor ihrem Auge. (S.)	Illusion; she is afraid lest the person sitting near her should prick her in the eyes with the scissors, although the same sat two strides apart from her and was cutting paper; in spite of all assurances the scissors appeared to her to be close before her eyes.

This is a very different version of the symptom to that of "objects appear closer together," a translation that does not tend to impress us very strongly with the belief that "much care and labour has been expended in sifting the provings,"—of which fact we are nevertheless assured in the Introduction to the new British Repertory. Let me add, I am quite aware that Dr. Roth of Paris and others are trying to purge the Materia Medica of supposed errors; but I also know that Dr. Constantine Hering

of Philadelphia does not agree with these gentlemen in their labours, and I would rather defer to the solid judgment of a mind like Hering's than to that of critics destitute of his vast knowledge both as a prover of drugs and immense experience as a physician. Dr. Roth, in his list of remedies from which he would expunge so many thousands of symptoms, omits Gratiola and Paris Quadrifolia, to which Ng. contributed respectively 514 and 79 symptoms. In fact, were Dr. Roth's demolition accepted, the Materia Medica would be in a nutshell. I can answer him by numerous cures effected through the remedies to the selection of which I was led by the very symptoms he expunges! The proposal is monstrous—but I must defer a more minute analysis of this review till another occasion.

A CALENDAR OF CASES TREATED AT THE PENZANCE HOMŒOPATHIC DISPENSARY, DURING THE YEAR 1862.

By J. H. Nankivell, M.R.C.S. Eng.

(Continued from page 306.)

M. R., a little girl, aged 5. Has been subject to otorrhœa in left ear for the last two years. The discharge is extremely offensive. She took *aurum* with the best effect, and in the course of a fortnight the discharge had ceased. Cured.

M. W., aged 8. This girl has large indurated glands on both sides of the neck. Has had antimonial ointment rubbed over the glands; the stuff was recommended by a farrier. Neck much scarred by the pustulation, but no diminution of glands. She took *sulphur, calc. carb., bell., spongia,* but with very little benefit. I have reason to think that if this child's head had been shaved, or other means adopted to insure perfect absence of irritation of

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the scalp, that she would have soon been relieved of her humid glands.

W. W., aged 36, a miner, and a victim to what is aptly alled "miners' complaint." It is a form of asthma caused y chronic laryngitis, and often ending in phthisis pulonalis. The disease is produced by a combination of wo or more of the following causes: 1st, constantly orking in deep mines, where there is much water, and here the heat is very great; 2nd, the impregnation or ncharge of the air at great depths with the carbonic acid volved by the lungs and by the candles which are burnt; rd, the suffocating effects produced by the explosion f gunpowder and the burning of safety fuses in the lasting of rocks; 4th, the inhalation of silicious dust; nd 5th, the effect of the sudden transition from the eated atmosphere of a mine to the keen cutting winds specially in winter) of the Cornish downs. The subject a deeply interesting one, as many lives are sacrificed very year by the causes enumerated; and it is probable at much good might still be done in the way of prention. *If possible*, on the first appearance of "miners' mplaint," the sufferer ought to be relieved from all work derground, and be allowed for three or six months to rk "to grass." In many instances, this removal to a re air might check the morbid process, and give an portunity for the parts affected to regain a healthy tone; t it is irrational, and a hopeless undertaking, to attempt cure the laryngitis or trachecty of miners, whilst they ntinue to subject themselves to the same depressing and urious influences which primarily induced the disease. t to return. In the case above named, the patient been ill for five years: he had been a pitman in a ne, and whatever bad work there was to do, he did it. present he works at surface work. At present his gh is so severe that he is obliged to stoop forward and

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rest his elbows on his knees, and hold a handkerchief to his eyes; after coughing half a minute, a little light phlegm is brought up (formerly he spat thick yellow mucus, but not of late). His asthma is worse by night than by day, and also whenever the wind changes to the south-east. His digestion is bad, and he is subject constipation. Has had no medical treatment for twelve months; has taken castor oil occasionally. In the night he gets a rage of cough, coughs for two hours on the stretch, then is sick, and brings up white, hard (?) stringy phlegm, and then is relieved. His urine is often much loaded; his pulse only 50.

Auscultation.—No morbid sounds at bases of lungs during inspiration, but during expiration two or three rhones are heard, separated from each other by distinct intervals; at the apices similar rhones are heard during the whole process of respiration. The larynx is sore to the touch. In this case it is evident that there has been chronic bronchitis, with permanent tumefaction of mucous membrane, and at the bases of lungs a considerable amount of emphysema, accounting for the jerking, interrupted efforts to expel the air, and giving rise to the rhythmical sounds.

He took *ipecac.* in alternation with *sulphur,* and at the end of a week stated that he felt much relieved, and had only experienced two attacks of a cough since his first visit. When I next saw him he said that he continued much relieved; but at his last visit he reported that he had not felt so well, that he had expectorated freely, and had felt weak about the heart. It is to be feared that the man was only for a time relieved.

M. R., aged 10. This girl has suffered from aphthous inflammation of right eye during the last five months—there are two filmy specks on the cornea—she took *sulph* 3 for a fortnight, and made a perfect recovery. Cured.

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T. H., a girl aged 24, of nervous and hysterical temperament, suffers from palpitation of heart, and also from a deadness of the left arm, with stinging in the fingers. She took *apis mell.* with complete relief.

J. H., a boy aged 7. The case was one of rather severe strumous ophthalmia, quickly relieved, and, as far as I know, cured by *sulphur* 3. Cured.

T. M., aged 55. About five months since he received a blow on the arm; fourteen weeks since he found a small tumour over external condyle of left arm, it has increased very fast; it was seen by a surgeon who lanced and probed it; another surgeon saw it and lanced it; nothing escaped but blood; the tumour had all the appearance of fungoid disease, and had that sort of obscure fluctuation which such tumours give. I passed a grooved needle into it, and the nature of the disease was unmistakeable; it is remarkable that both incisions made by lancets had cicatrized; there had been no sprouting of fungus-hæmatodes. Before the tumour formed, he had felt a coldness and stiffness for a month in the forearm and wrist; there is less pain in the tumour than at the wrist; very little pain above the elbow; no enlargement of glands in axillæ. This man went into the Union-house and there had his arm amputated. I am not aware that up to the present time the disease has reappeared.

Enoch Jenkyn, 77. Very large hydrocele, treated by the palliative means of simple tapping, as at the man's age it was not thought justifiable to attempt a radical cure by injecting the tunica vaginalis. The operation was performed three times during the year 1862, and about a quart of fluid removed each time.

J. T., aged 5. This boy's tongue was desquamated all down the centre of the dorsum, the edges white and apparently peeling also; breath extremely offensive; some enlargement of cervical glands. *Ars.* 3. At the next

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visit the mother of the child stated that after the seco dose of the medicine there was a marked improveme and the tongue rapidly healed. A cure.

R. J., aged 50. Effects of alcohol; as a general rule very sober, but breaks out sometimes. Has had a spi lately, and was under the influence of liquor for thi days; at present is suffering from giddiness, dancing objects before the eyes; no appetite; no sleep until t wards morning; sees hundreds of strange things befo the eyes; urine loaded; pulse 92. To take *nux. vo* Three days afterwards he came again stating that he f but very little better; head still bad and light; is afra he shall fall down; every object seems moving or u steady; looking at the sea makes him worse; is afraid be alone; has no headache; tongue clean; when he fe timid his heart beats violently, and the chair on which sits seems to move up and down with him. *Ars.* 1 dr every four hours. Completely relieved in two da Cured.

A. B., aged 53. I recite this case as at least one pro of the usefulness of strong remedies. It was one of b pharophthalmia, or, in plain English, of blear eye—inflam eyelids. A doctor first blistered her neck and gave he yellow (citrine) ointment; she also had a box of pi which purged her so extremely that she thought t bowels would never stop working; the purgation ma her extremely weak. She took *acon.* and *bel.* alternate followed by *hepar*, but ceased to attend, I am theref unable to report the event.

M. M., aged 24. (Migraine). Has been rather su ject to headaches, but for three weeks has had dread pain in left side of head, which seems to dart through t brain, leaving a painful feeling on the top of the hea after about three minutes the pain becomes diminishe but leaves a giddiness, so that she is obliged to grasp

some support. The left eye is affected with the pain; at times vomiting has accompanied it; generally has an attack on first awaking; drinking hot or cold fluids seems to induce an attack; towards afternoon she gets better; the pain is a "panting" pain (throbbing); catamenia premature. To take *sulphur*.

June 7th. Pains less severe.

10th. Bad attack yesterday. *Glonoine*.

14th. No pain since the 11th.

17th. Head feels quite well. To take *calc. carb.* with a view to relieve the too early return of menses. Relieved.

M. L., aged 55. This poor woman has been brought down to a state of great mental and bodily depression by a series of sadnesses and domestic troubles. She has had six children, but only two are now living. One son died of consumption at the age of 22; another son was killed in a mine; a third son was lifting a heavy weight when he was about 18 and began to spit blood; he lived three years after this; the fourth child died at the age of ten months, of fits. She (the mother) was nursing the child when she was suddenly told that her son was killed in the mine: her milk was turned to poison by the fright, and grief caused the death of her little child. The husband met with two severe accidents at the mine, and by one of these lost an eye; all these troubles affected her so deeply that she could not cry; felt sore at the heart; weak and trembling; is always sleepy and stupid. She took *opium* with great relief. Cured.

(*To be continued.*)

THE HOMŒOPATHIC ACTION OF ERGOT IN SOME FORMS OF DIARRHŒA.

Among the pathogenetic symptoms of *ergot* are—"Painful diarrhœa, with great prostration"—"Putrid and fœtid

THE HOMŒOPATHIC ACTION OF ERGOT

colliquative diarrhœa"—"Watery mucous diarrhœa"—"Brown, badly-coloured diarrhœa"—"Involuntary diarrhœa." (*Jahr.*)

Such being among the symptoms produced by th administration of *ergot* to healthy subjects, it will be seen at once, that, in accordance with the homœopathic law diarrhœa—arising, not from ergot-poisoning, but resembling such diarrhœa—will yield to small medicinal dose of that parasite. Homœopathic practitioners, therefore have long consistently prescribed it in diarrhœa; and long ago, Dr. Christison *inconsistently* recorded its usefulness a a remedy in chronic dysentery, although telling us, a the same time, that "Tessier, Robert, and others, hav noticed *purging* as one of its poisonous effects."

As another instance of the adoption of homœopathi remedies by the allopathic school, yet without acknowledgment, and as another confirmation of the truth of th law of similars, we quote the following letter, addressed by M. Bonjean (of Chambéry) to the President of th Academy of Medicine:—

"Chambéry, October 18th, 1862.

"Mr. President,—I beg to communicate some new facts, i illustration of the utility of ergotine for the cure of the diarrhœ which affects troops during a campaign.

"Ergotine had already been employed with much success i 1853, in Geneva, for the removal of the dysentery consequen on typhoid fever; the favourable results obtained in this affectio were communicated to Messrs. Rilliet and Lombard, physician of the Civil Hospitals, to the Medical Society of Geneva, fron which I received the information.

"The following year De Fontayrac, of Eymet (Dordogne) published in the *Journal des Sciences Médicales pratiques d Montpellier*, Vol. VI. p. 293, and Vol. VII. pp. 242 and 350 1854, and January 28, 1857, a series of interesting cases o chronic dysentery, in which a cure was effected by the exhibitio

of this remedy. Ergotine was administered in a half a drachm dose in a four ounce mixture, to be taken in tablespoonfuls in the course of the day, and the author compares the power and promptness of action of the drug in chronic diarrhœa and dysentery, to that of quina in intermittent fever.

"'If my readers,' says he, page 349, 'will recollect that before having recourse to Mr. Bonjean's ergotine, I had in every instance employed anodynes, astringents, and narcotics, and in most cases in vain, the comparative superiority of ergotine will become as evident to others as it is to myself.'

"The *Gazette Médicale* of Paris, August 4, 1852, reports a very remarkable case of cure in a woman suffering from chronic dysentery, which had resisted every measure of treatment, and was looked upon by the medical attendant as beyond the resources of art.

"In 1855 Dr. S. Massola, of Chambéry, first-class military surgeon in the expeditionary force in the Crimea, also employed ergotine with great benefit for the relief of the chronic diarrhœa consequent on the cholera, the weakened but not exhausted poisonous principle of which still lurked at Balaclava. Fifteen hundred of the two thousand patients lying in the depot and temporary hospitals in July and August, 1855, were affected with the epidemic diarrhœa, and all the remedies at the disposal of the physicians were fruitlessly exhibited before ergotine was administered. Dr. Massola presented a memoir to the Academy on the subject on the 5th of August, 1856.

"These various facts have recently received further confirmation in Spain, the Government of that country having acceded to my request, and instituted experiments for the purpose of testing the efficacy of ergotine. I have received from H. E. the Spanish Ambassador in Paris the following official communication, dated October 12th:

"'The Inspector-General of Hospitals of the Army of Africa having given orders for the use of M. Bonjean's ergotine, in the hospitals of Ceuta and Tetuan, Surgeon Don Mariano Andrea has forwarded a report, whence it appears that ergotine has been found a useful remedy in passive diarrhœa; also in those forms

of intestinal disturbance commonly observed among encamped troops, and usually premonitory of epidemic cholera.'

"I submit, Mr. President, that it might perhaps be advisable to convey these facts to the knowledge of the Minister of War, and to suggest the propriety of instituting a similar inquiry in Algeria, in Mexico, etc., where our soldiers are liable to be affected with epidemics of this description, for which ergotine would appear to be a more efficacious remedy than the other modes of treatment in present use.

"Whatever be your decision, I congratulate myself on having by persevering research, succeeded in supplying therapeutics with an agent of so decidedly useful a character, and on having given publicity, in the general interest, to its mode of preparation.

"Trusting that the Academy will receive this communication with its customary kindness, I remain, &c., J. BONJEAN."

DISPENSARY REPORTS.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. WALKER, Dr. HARRISON, Dr. RAYNER, Dr. DRUMMOND, Mr. BLACKLEY, and Mr. HOWDEN.—Mr. CALVERT, House Surgeon.

President—JOSEPH HERON, Esq.
Treasurer—P. F. WILLERT, Esq.
Secretary—ARTHUR NEILD, Esq.
Chemists—Messrs. H. TURNER & Co.

Number of patients attending during the month of June...	1413
Paying 1s. and 1s. 6d. per month.....	255
Admitted on Subscriber's recommendation	26
Visited during the month at their own homes.....	214

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Physicians—Dr. Drysdale, Dr. Wright, Dr. Roche, Dr. Hayward, Dr. Blumberg.

Surgeons—J. Moore, Esq., J. Gelston, Esq., T. H. Willans, Esq., — Hudson, Esq.

House Surgeon—T. D'Orville Partridge, Esq.

Honorary Dentist—Mr. Quinby.

The number of patients prescribed for at this Institution during the month of June was as follows:—

New patients	653
Old "	1910
Total	2563
The number of visits paid	348
The number of new patients visited	54
	2965

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c. Evan Fraser, Esq., L.R.C.S. Edin.

Treasurer—John Skilbeck, Esq.

Honorary Secretary—John L. Seaton, Esq.

Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of June	546
Paying 1s. 6d. per month	430
Admitted on Subscriber's recommendation	116
Discharged cured	61
Relieved	12
Ceased attending; result unknown	25
Still under treatment	242
Visited during the month at their own homes	3

DISPENSARY REPORTS.

WOOLWICH HOMŒOPATHIC DISPENSARY,

44, Wellington Street.

Medical Officer—

W. ROWBOTHAM, Esq., M.R.C.S.E., Rectory Place.

Dispenser—Mr. G. J. MORRIS, 44, Wellington Street.

Hon. Sec. and Treasurer—Rev. H. CRASSWELLER, B.A., 2, Russell Terrace, Plumstead Common.

Report for the Year ending October 1862.

Total number of patients attending during the year	1
Cured	102
Relieved	52
Not benefited	4
Died	2

BRIGHTON HOMŒOPATHIC DISPENSARY,

6, Prince Albert Street.

WESTERN BRANCH—7, Osborne Street, Cliftonville.

Medical Officer—Dr. RICHARD HUGHES, L.R.C.P. & M.R.C.S.

Secretary—Captain HENRY JAMES, R.N.

Chemist—Mr. JOHN OCKENDEN, 6, Prince Albert Street.

Quarterly Report.

Number of patients attending during the Quarter ending June 30th, 1863 :—

April	60
May	56
June	559
Total	1728

Number of patients	1728
Paying 1s. a month	538
Admitted on Subscriber's recommendation	71
Visited during the quarter at their own homes	432

90 Consultations have taken place during the past Quarter.

THE MONTHLY

HOMŒOPATHIC REVIEW.

HOMŒOPATHIC STATISTICS:

THEIR BEARING ON THE PROSPERITY OF THE WORKING CLASSES AND ON FRIENDLY SOCIETIES.

By Fred. Smith, Esq.

In a paper which appeared in the April number of the *Monthly Homœopathic Review*, I endeavoured to shew that the evidences of the truth of homœopathy are so unimpeachable, that it is incumbent on every allopathic practitioner to investigate this subject for himself. I now propose to take Finlaison's *Report on Friendly Societies*, and *Tables of the Comparative Results of the Allopathic and Homœopathic Methods of Treating Disease*, and to point out the advantages that would accrue to the working classes by the adoption of homœopathy. There are no illness-statistics relating to other classes of society; but I need scarcely say, that what applies to our operatives, applies equally to the rest of the community.

A.

According to Mr. Finlaison,* "the statistics of illness suffered by the working classes" are as follows:—

Between the ages of	16	and	26	years	..	67½	days of illness.
"	"	26	"	36	"	..	70	"
"	"	16	"	66	"	..	546	"
"	"	15	"	85	"	..	1825	"

* Mr. Finlaison, *Second Report upon Friendly Societies.*

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B.

According to the venerable Dr. Farre (allopathic ph sician), "nine-tenths of diseases are medicinal diseases". that is, diseases produced by medicines taken at sor former period of the patient's history, for the cure of so disorder. Under the homœopathic system, drugs are p scribed in such minute quantities as to be incapable producing medicinal diseases. This view of Dr. Fa may be said to derive additional force from the follow statements of eminent *allopathic* physicians. Dr. Ja Johnson says: "I declare it to be my most conscient opinion, that if there were not a single physician (a pathic) or surgeon, or apothecary, or man-midwife chemist, or druggist, or drug in the world, *there woul less mortality amongst mankind than there is now.*" Hufeland, of Berlin, says: "My opinion is, that m harm than good is done by physicians; and I am *convin* that had I left my patients to Nature, instead of p scribing drugs, *more* would have been saved." Dr. Ro gives an analysis of 380 cases of pneumonia, shewing t the deaths, when bleeding was resorted to, were 20 cent., and when another allopathic plan—tartar emetic was tried, the deaths were 20·7 per cent.; but wh Nature was allowed to contend, uninterfered with by t lancet or drugs, the deaths were only 7·4 per cent.* D R. T. Massy (formerly an allopathic physician, but now convert to homœopathy), when physician to the large public institution in the South of England, lamented to brother allopath, that "day after day he had to tre *medicinal* diseases." Dr. Macleod (an allopathic physici who has embraced the hydropathic system of treatmen says: "Medicinal remedies taken for some time remain greater or less quantity, and for various periods, in t system, and their presence either *occasions diseased* actio

* The duration of disease under this (the expectant) system is days, under homœopathy 11¹ , days.—*Vide* Statement E.

HOMŒOPATHIC STATISTICS.

or *prevents their removal* when present. . . . The baneful effects of medicines in this point of view," he adds, "have not been sufficiently considered by the profession." The great literary authorities of the allopathic world are the *Lancet* and the *Medical Times*. On the 21st of March last (1863), the *Lancet* says: "The progress of *true* medical science has greatly qualified our estimate of the value of mere drugs in the treatment of disease. It has shewn, that in *medicine*, as in politics, the *best* course is *often* that of *non*-intervention." The *Medical Times* of the 20th June last (1863) publishes an order from the Surgeon-General's office, Washington, dated May 4th, 1863, which runs thus: "It seeming *impossible* in any other manner to properly restrict the use of this powerful agent (calomel), it is directed that it be *struck* from the Supply Table, and that *no further requisitions for this medicine be approved by the Medical Directors*. . . . . Tartar emetic is also struck from the Supply Table of the Army. No doubt can exist that *more harm* has resulted from the *misuse* of both these agents in the treatment of disease than benefit from their proper administration." The *Medical Times* of the 11th of July last (1863) publishes a letter from Dr. Charles Drysdale, of the Farringdon Dispensary, in which he says: "It has been my lot to see *many severe* and *protracted* cases of disease produced in my opinion by the use of mercury . . . . symptoms such as are related in the following cases" (destruction of nose, phthisis, necrosis of the lower jaw, death, &c.) "*never occur* when patients are treated by simple rest, diet, and cleanliness. Besides this, the time of treatment, according to Desruelles, is *not half so long* when no mercury is administered." Another writer in the same number of the *Medical Times* says: "There is a wonderful difference between our way of treating *ourselves* and the public. You seldom see a long line of empty bottles in a *medical*

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man's bedroom, addressed to himself. Many of our patients know that the drug-*sender* is not a drug-*taker*." These candid confessions of medical men one to another, need no comment, except that of the celebrated allopathist, Dr. Sir John Forbes, late Physician to the Queen, who says: "Nature often cures *in spite* of the doctor;" and again: "Things have come to such a *pitch*, that they must either *mend* or *end*."

C.

According to Dr. Routh (allopathic physician, already quoted), the statistics of diseases treated homœopathically and allopathically is as follows:—

	Deaths under Homœopathy.	Allopathy.
Inflammation of the lungs	5 in 100	23 in 100
Dysentery.....	3 „ 100	22 „ 100
Pleurisy	3 „ 100	13 „ 100
Inflammation of the bowels	3 „ 100	13 „ 100

D.

According to a document, ordered, on 21st May, 1855, by the House of Commons to be printed, and which ought to be in the library of every homœopath and every philanthropist in the world, the comparative death-rate during the fearful epidemic of Asiatic Cholera in 1854 was:—

	Deaths under Homœopathic treatment.	Allopathic treatment.
Asiatic cholera.....	16·4 per 100	59·2 per 100

Although the statistics relating to the treatment of Asiatic cholera at the Homœopathic Hospital were certified by Dr. Macloughlin, allopathic physician, and Medical Inspector of the General Board of Health, these statistics were *suppressed* by a joint resolution of Dr. Paris, the President of the Royal College of Physicians, and the other members of the Medical Council. Lord Robert

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Grosvenor (now Lord Ebury), aware that Dr. Macloughlin had inspected the Homœopathic Hospital in Golden Square, and observing that the statistics of this hospital were not included in the "General Returns" made to Parliament, moved for "Copies of the Returns that have been *rejected* by the Medical Council." The motion was agreed to by the House of Commons, when the above revelation—astounding to those who were not previously acquainted with homœopathy—was made. Dr. Horner pronounces this proceeding on the part of the Royal College of Physicians as a "conspiracy against the truth, and against humanity itself."

The success which attended the homœopathic treatment of the Asiatic cholera in Vienna, in 1836, induced the Emperor of Austria to *cancel* the statute forbidding the practice of homœopathy in His Majesty's dominions, which he had been induced to issue some ten years before.

Dr. Watson, Senior Physician to the Middlesex Hospital, and one of the most eminent practitioners and writers of the allopathic school, says of the treatment of cholera: "Some, after the vomiting, and purging and cramps had departed, died *comatose, over-drugged,* sometimes, *it is to be feared*" (as if it could be doubted), "by opium. . . . . If the balance could be *fairly* struck, and the exact truth ascertained, I question whether we should find that the aggregate mortality from cholera in this country was *in any way* disturbed by our craft." And yet the *statistics of the homœopathic treatment were suppressed by the Royal College of Physicians!*

Dr. Watson's testimony applies only to England. Was it otherwise elsewhere? Let us see. Dr. Rush, one of the leading allopathic physicians of Philadelphia, writes: "The proceedings of the medical profession during the prevalence of the so-called 'Asiatic cholera,' exhibits

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EVERY WHERE" (not in England and America only) "an extraordinary picture of prefatory panic, vulgar wonder, ignorance, obtrusive vanity, plans for profit and popularity, fatal blunders, distracting contradictions and egregious empiricisms."

Has any advance been made by the allopathic branch of the profession since the period alluded to? Hear what Dr. Macloughlin says in the *Lancet* of the 11th July 1863: "I have again and again called the attention of the Army Medical Department, that of the War Office, that of the Horse Guards, and that of the India Office, to the facts, that *cholera has never been studied scientifically* by the Army Medical Department, that they are *unacquainted with the pathology* of cholera, and that the medical treatment adopted by them is *contra-indicated* by the pathology of cholera, and ASSISTS CHOLERA TO DESTROY LIFE . . . . the mortality is at the rate of 80, 90, and 100 per cent.!" Many of these medical men have become grey in the Indian service, where thousands die annually of Asiatic cholera; others have but lately left our shores, furnished with the most approved methods of combating disease, as taught in the allopathic schools of medicine: *all* are either members of the Royal College of Physicians or the Royal College of Surgeons. Can it be said, then, that the allopathic branch of the profession has advanced in the knowledge of the treatment of *this* disease since the year 1854? Undoubtedly not. If, then, the homœopathic system shows a death-rate of only 16 per cent. against 59, 80, 90, and 100 per cent. in this fearful disease, is it not reasonable to suppose that it should be equally efficacious in the treatment of less formidable complaints? Most assuredly it is: and thus does this *à priori* reasoning confirm Statistics C, and others that will follow. But I must not omit to add, that the important parliamentary document to which reference has been made, contains also a return of

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the cases of choleraic diarrhœa treated at the Homœopathic Hospital during the prevalence of Asiatic cholera, and of the cases of simple diarrhœa. Of the former, less than 1 per cent. died; and of the latter, every single case *recovered.* During the same period, thousands treated allopathically died weekly in England of both these species of diarrhœa; and *every* year, as proved by the Registrar-General's Returns, from 100 to 300 die weekly of simple diarrhœa, between the months of July and October, in *London alone.*

E.

The mean *duration* of disease, particularly inflammation of the lungs, has been noted by Drs. Tessier and Louis, of Paris, Dr. Henderson, Professor of Pathology in the University of Edinburgh, and Dr. Dietl, allopathic physician, of Vienna, and is as follows:—

	Homœopathically.	Treated Allopathically.	Expectant system.
Average duration of cases	$11^2/_3$ days.	29 days.	28 days.
Expense (Hungarian Statistics, 1844)	22 kreutzers.	52½ kreutzers.	

N.B.—St. Bartholomew's Hospital spends £2,600 per annum in drugs: 10,816 pints of black draught were administered, and 29,700 leeches applied in one year. To this catalogue must of course be added the gallons of life-blood let out by the lancet, and the fearful amount of suffering inflicted by blisters and other external applications—all, it will be observed, *unnecessary;* nay, far worse than *unnecessary,* because the death-rate under homœopathy is much less than under allopathy, as shewn by Tables C and D, and the duration of cases curable by both systems is as $11^2/_3$ to 29 days, as proved by Statement E. Moreover, were St. Bartholomew's Hospital converted into a homœopathic hospital, it would be capa-

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ble of relieving hundreds of patients per annum more tha at present; in fact, in the proportion that the 11⅔ da bear to the 29, and the 22 kreutzers to 52½. Now the remarks are suggested by a consideration of the case *one* hospital in *London*. Let, then, all this unnecessa suffering, and this loss, be multiplied by the number all the allopathic hospitals in London, plus that of all t allopathic hospitals in England, plus that of all the al pathic hospitals in Europe, plus that of all the allopat hospitals, and all the dispensary and private practice the world, and some idea will be formed of the mise and loss that would be averted by the substitution of t homœopathic for the allopathic system of treatment.

F.

According to the statistics published in 1859 by the Minority Committee (New York) in favour of introducing homœopathy into the Bellevue Hospital, New York—

	Mortality	
	When under allopathic treatment.	When homœopathic treatment adopted.
The Protestant Half-Orphan Asylum in New York was from 1830 to 1842 under allopathic superintendence, which was then changed for the homœopathic system	1 in 48	1 in 145

G.

According to the author of *Medical Reform*, a work published in 1856, and which went through four editions in as many months—"All who die in that state" (that is, under the influence of opiates) "die drunk . . . . and it is not," adds this writer, "fitting that the rational creature, about to proceed from one state of being to another, should have his faculties stupified, and his conscience obliterated, and consciousness taken away, by opiates."

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Let us now consider the bearing of these statistics on the future well-being of the working classes.

By Statement A it appears that they will, in all probability, have,

Between the ages of 16 and 66	.....	546 days of illness.
" " 18 " 85	.....	1825 "

—that is, if treated allopathically, as Mr. Finlaison's statistics are based on this assumption.

By Statement B, we find that nine-tenths of all diseases treated by the physician are *drug*-diseases, and, therefore, such as those escape who are treated homœopathically. Now, let us assume that drug-diseases do not begin to manifest themselves till after the twenty-sixth year of a man's age—and this is a very considerable concession, because the drugs taken in infancy begin to bear fruit at a very early period. However, let us grant *this*, and let us make this further concession, viz., that instead of drug-diseases being $^{9}/_{10}$ths of all diseases, they are only $^{6}/_{10}$ths. Now let us work out the result:—

From 16 to 56, under allopathic treatment .... of illness.	546 days
Take, as common to both systems, as just proposed, the illness-rate between 16 and 26 years of age..	67½ days.
This leaves 478½ days. Of this, 478½, $^{6}/_{10}$ths due to allopathic medicines, as per conditions above stated. Now $^{6}/_{10}$ths of 478½=287$^{1}/_{10}$; and 287$^{1}/_{10}$ deducted from 478½ leaves	191$^{4}/_{10}$
Number of days of illness between 16 and 56, less $^{6}/_{10}$ths between 26 and 56 years of age, due to allopathic drugs.....	258$^{9}/_{10}$
But this has to be still further reduced, according to Statement E, in the proportion of 29 to 12 days—say, in round numbers	106$^{9}/_{10}$
	152

The comparative rapidity of cure for which allowance has just been made, arises, amongst other

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causes, from the direct and rapid action of the homœopathic treatment on the part affected preventing organic change. Hence arises the very important fact of such organ, when the patient has been treated homœopathically, not being more liable to a return of the disease than it would be, had it not been previously affected; whereas, if treated allopathically, the patient is undoubtedly *liable*, sooner or later, to a return of the complaint. For this, a further and very considerable reduction should be made; but, in the absence of statistics, I prefer to leave the numbers as they stand. We shall therefore put this at *nil* ——— 152

Saving of illness between the ages of 16 and 56, allowing the *full* allopathic rate from 16 to 26, minus $^{12}/_{20}$ for that period 394

Let us now look at Mr. Finlaison's statistics for the period between 15 and 85. For this period he gives 182
of illness.

Take, as common to both systems, the illness-rate from 15 to 26: 15th year is..... $6\frac{3}{4}$

From 16 to 26, as above ..... $67\frac{1}{2}$

$74\frac{1}{4}$

This leaves $1750\frac{3}{4}$. Of this $1750\frac{3}{4}$, $^{6}/_{10}$ths due to allopathic medicines, as per conditions stated above. Now $^{6}/_{10}$ths of $1750\frac{3}{4}=1050\frac{1}{2}$, and $1050\frac{1}{2}$ deducted from $1750\frac{3}{4}$ leaves..... $700\frac{1}{4}$

$774\frac{1}{2}$

But this has still further to be reduced, according to Statement E, in the proportion of 29 to 12 days—say by $^{12}/_{29}$ths; and $^{12}/_{29}$ths of 774 is 320

454

We are entitled to a further and very considerable reduction from this number, as shewn above; but I shall, nevertheless, place it at *nil*..... ——

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And I will even add, for the infirmities inseparable from old age (though I am not called on to do so on the assumption of the person being treated homœopathically)	100	
		554
Saving of illness between the ages of 15 and 85 years, allowing the *full* allopathic rate from 15 to 26, minus $^{8}/_{20}$ths for that period		1271 days.

Let us now sum up this part of the case. We have taken, as the basis of our calculation, Mr. Finlaison's *Report upon Friendly Societies;* and this is a work admitted by allopaths and homœopaths alike to be of unimpeachable authority. We have taken as our authority for the prevalence of drug-diseases, the authority of Dr. Farre, a very distinguished allopathic physician, after he had had fifty years experience of his profession; we have supported his evidence by that of other distinguished allopathic authorities, and after doing this we have reduced by one-third the evidence thus obtained in favour of homœopathy, and have given this advantage to the allopathic system. And notwithstanding all this liberality—this advantage conceded to our allopathic friends—we find that, by the adoption of the homœopathic system of treatment, you will in all human probability be saved from 394 days of illness between the ages of 16 and 56, and from 1271 days of illness between the ages of 15 and 85!

But these observations relate only to Statements A, B, and E, and do by no means exhaust—nay, they may be said scarcely to approach the most important part of the subject. Let us, then, turn to Statements C, D, F, and G.

We are all of us liable to attacks of what are called, by way of distinction, *fatal diseases.* You may be attacked, for instance, with inflammation of the lungs. What, then,

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do we learn from Statement C? Why, that if such should unhappily be the case, the probabilities of a fatal termination would be 23, if treated allopathically, compared with 5, if treated homœopathically. Take another disease—dysentery: the probabilities of a fatal termination in this case would be 22 under allopathy, against 3 under homœopathy. Take, again, a still more common disease in this country—pleurisy: the probabilities of a fatal termination here are 13 under allopathy, againgst 3 under homœopathy. Or, take an equally common disorder—inflammation of the bowels: the probabilities of a fatal termination would be 13 under allopathy, and 3 under homœopathy. Finally, take the case of the deadly Asiatic cholera, of which we have had three visitations in this country, viz., in the years 1831-2, 1848-9, and 1853-4, when hundreds of thousands of men, women, and children of all ranks, but more particularly the working classes, were swept away; and what do we learn from Statement D? No less consoling a fact than this—that while the probabilities of a fatal termination under allopathy are 59 in 100 cases, under homœopathy they are only 16 in 100

But I have something still more consolatory to add, on the authority of Mr. Henry Browne, homœopathic surgeon, who was appointed by the General Board of Health, under the late lamented Dr. Gavin, to treat the poor of Newcastle-on-Tyne afflicted with cholera in 1853, and who was, on its abatement in that town, transferred to Glasgow—two places where this disease exhibited itself in its most deadly form:—I have the authority of Mr. Browne for stating, that when called to a patient in the *first* stage of the disease (and you must understand that there are three distinct stages in this complaint), *he never lost a case.* Similar evidence has been given by Dr. Hilbers, now of Brighton, and formerly of Liverpool, who, with Dr. Drysdale and other homœopathic practi-

tioners of that city, heroically, *propria motu*—unsolicited by Government, Town Council, or Board of Health—went, day by day, during the cholera visitation of 1849, into the worse than *cabins*—the *cellars* of Liverpool, inhabited by the lowest of the Irish, and there administered to these filthy, squalid, miserable, helpless, hopeless creatures, but still human beings with immortal souls, the blessings of homœopathy.

Statement G requires no amplification—it is a simple appeal to your moral nature. I shall, therefore, merely repeat it, putting it in the form of an interrogation instead of a dogmatic declaration. "Is it," then, I ask, "fitting that the rational creature, about to proceed from one state of being to another, should have his faculties stupified, and his conscience obliterated, and his consciousness taken away, by opiates? . . . . *all who die in that state die drunk.*"*

Statement F relates entirely to children, and is in effect an irresistible appeal to the parental heart, showing as it does, that the probabilities of a child attaining the age of 15 are as 145 if treated homœopathically, compared with 48 if treated allopathically.

The question of homœopathy is, then, a question which commends itself in an especial manner to the consideration of the working classes. Will any one *hereafter* be able, then, to persuade you that it is a matter of perfect indiffer-

* Since the above was written, I have conversed on this subject with an eminent homœopathic physician, engaged in an extensive practice. He states, that during the twenty-one years he has practised homœopathically, he has never had occasion to prescribe an opiate to a dying patient, having invariably found one or more of the following homœopathic remedies, according to the symptoms presented, sufficient for every purpose: *aconite, camphor, hyoscyamus, belladonna, coffea,* and, in cases where the vital energies are nearly exhausted, and *coffea* is indicated, a teaspoonful occasionally of common coffee, prepared in the usual way for domestic purposes, without milk.

ence whether you are treated homœopathically or allopathically? Is it nothing that your payments made to your Friendly and Benefit Societies are based on the presumption of your having, between the ages of 16 and 56, 546 days of illness, whereas those payments might be reduced to a rate based on 152 days of illness? or that you have to pay for 1825 days illness between the ages of 15 and 85, whereas that payment might be reduced to 554 days of illness. Is it nothing—should you *not* belong to some Friendly or Benefit Society—to be unnecessarily detained at home from illness for 1271 days (the greater part of this time in bed), paying for being bled and blistered and leeched, and leeched and blistered and bled, for pills and powders and nauseating draughts,—no earnings meanwhile coming in for the support of your families? Is not every day's detention at home not merely a day of pure illness-suffering, but of illness-suffering aggravated by the thought of its involving privations to your wives and children? Some diseases curable under homœopathy, are not curable *at all* under allopathy; and we have seen (Statement E), with respect to diseases curable by both systems, that the patient, if treated homœopathically, is released in 12 days instead of 29 days. Call to mind, then, the 12th day of some illness you have endured, and say, could any boon have been greater than *that* which would have released you *that day* from your bed of suffering, and sent you to the workshop or the field, instead of your having to linger on for some 17 days more, to be released only with the probability of carrying about with you the seeds of some *medicinal disease*, sooner or later to break out, and again consign you to a bed of languishing? Is it not true *now*, as it was 3383 years ago, that "all that a man hath he will give for his *life?*" Is it then *nothing*, that, if attacked with pleurisy, the probabilities of escaping from the jaws of death are as 23 to 5? if attacked with

dysentery, that these probabilities are as 22 to 3? if attacked with Asiatic cholera, that these probabilities are as 59 to 16?

If a *temporary* suspension of employment arising from illness be so serious a calamity to a working man as we know it to be, what is to be said of the total loss of service by that greatest of all earthly calamities—death?* I dwell not now on the separation of husband and wife, of parent and child—this is a species of anguish which the wealthiest has to endure in common with yourselves. But I ask—Does not the death of a working man's wife derange the entire economy of the widower's household, and too often place in the utmost moral jeopardy her orphan children? The death of the father! what is it, in too many instances, but the annihilation of all earthly hopes—desolation, ruin, and despair!—But enough, and more than enough, has already been advanced, without a reproduction of the other points of the case, to demonstrate

* If the upper classes of society could only know the immense amount of misery occasioned to those beneath them by the practice of "going into mourning," they would, I am sure, substitute some *simpler* method of testifying respect for the dead than the present costly—and to the widows of many clergymen, medical men, clerks, persons of small means, and the working classes generally, often ruinous—fashion. Every object proposed and answered by the wearing of a suit of black, might as effectually be accomplished, as far as men are concerned, by wearing a piece of crape on the arm, as is done in the army and navy; while, as respects women, something equally inexpensive might, no doubt, be devised. To those ladies who have lately added lustre to their already illustrious names, by their efforts to ameliorate the condition of dressmakers' apprentices, I would most respectfully submit, that in no way could they so effectually benefit the objects of their solicitude, as by adopting the suggestion I have ventured to make. The preparation of mourning is the most injurious work a dressmaker has to perform: it is usually required at a very short notice; much of it is done at night, and is destructive to the sight; and with respect to a Court mourning, it is scarcely too much to say, that it is the cause of blindness and death to many of these victims of fashion.

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the paramount importance of this question to the working classes and their families, and its bearing on Benefit Clubs and Friendly Societies.

There is, however, one very important aspect of this subject, which must not be altogether omitted, even in so brief a review as the present. I allude to the moral advantages of homœopathy.

Drunkards may be divided into three classes: the hereditary drunkard; the drunkard who has become so from a craving for stimulating drinks, occasioned more or less from a depression of the nervous system; and the drunkard from a sheer love of the low and debasing excitement of drink. Of the last I shall here say nothing, and very little about the first; but the second claims special consideration in connection with our present subject.

Of the causes which tend to depress the nervous system, there are five which are distinct and prominent. 1st. Residence in an unhealthy district, and in a badly-drained, ill-ventilated dwelling, with an insufficient number of cubic feet of air for the requirements of the constitution. 2nd. An insufficient supply of food, or food of indifferent quality. 3rd. Illness; especially frequent attacks of illness. 4th. Bleeding. 5th. Crude drugs in massive doses; especially the retention of the same in the system.

Of these sources of nervous depression, with its consequent tendency to produce a depraved appetite for stimulants,* No. 3 is directly met and provided for by the diminished rate of illness under homœopathy; sources

* Since the above was written, an admirable article has appeared in the *Times* (10th August) on the Returns of the Registrar-General, in which are the following remarks: "The Registrar, however, does not notice one difference in favour of health and life—*there is less drinking*. The cotton operative has always been exposed to that temptation, from the *close atmosphere* in which he works, the *collapse of the system* apt to follow a hard day's work in the mill, and the social habits *natural to* men whose employment masses them in large crowds."

HOMŒOPATHIC STATISTICS.

Nos. 4 and 5 do not exist under the homœopathic method of treatment; while, with far ampler means, arising from diminished doctors' bills for himself and *family*, and the ability to work 394 days more than others, and to perform that work with well-braced nerves, the homœopath is able to provide against sources 1 and 2. And over and above the advantages just enumerated, he will possess that leisure for the cultivation of his mind, and that money wherewith to purchase the required intellectual food, which operatives with shattered nerves too often sacrifice at the shrine of Bacchus. Nor will he place before his wife and children the evil example of a drunken husband and a drunken father, nor inflict on his offspring yet unborn—oh, barbarous cruelty! monstrous injustice!—the hereditary taint to which reference has been made But not even here does our catalogue of advantages terminate: for as vice bears its future as well as proximate consequences, so also does virtue; and the sober, industrious father, with cultivated mind and well-earned reputation, is able to command an improved rate of wages, and has, moreover, his chances of promotion to places of trust. Thus does he, and with him his family, rise in the social scale; and with intelligence to select a healthy occupation for his children, and the means of advancing their interest, they will not be found amongst the apprentices of a Madame Elise, nor shall we be called to mourn over one of them, as we have lately done over the remains of poor Mary Anne Walkley.

Follow out this subject for yourselves; I have not nearly exhausted it. Take, for instance, 1000 working men with their families, treated allopathically, and 1000 working men with their families, treated homœopathically, and work out the result with Statements A, B, C, D, E, F and G before you; and be careful to give allopathy every advantage in your calculation. For example, take

as *equal* the probabilities of *attack* (though, of course, not of *cure*—in *that* you will be guided by Dr. Routh's statistics in Statement C) from some fatal disease. This will be to give a decided advantage to allopathy, because a man with a depressed nervous system is far more liable to attacks of disease than a man with an unimpaired nervous system. However, do so in *this*, and in *all* cases where assumption has to be resorted to, and then you will be certain that you have not over-stated the case in favour of homœopathy. Carry out this calculation, I say, for yourselves; and, at the conclusion of your task, not only will you have to thank me for an intellectual treat of the highest order, but, having worked out this problem for yourselves, you will acquire a confidence in the results which could in no other way be effected; and with the pecuniary, physical, moral, intellectual, social and numerical balance in favour of the adoption of the homœopathic system of treatment, you will not, I am sure, rest until your families, your Friendly Societies, and your Benefit Clubs have been placed under the care of homœopathic practitioners. But be not deceived, these objects are not to be accomplished without an effort; for, it must not be forgotten, "that a moral element is the seed of life in all great human combinations, and that that moral element is —the strong will, the heroic resolution, the subordination of all private interests to the cause of the whole."

JUNGLE FEVER.

By Dr. Tuthill Massy.

From time to time I have been asked to recommend some homœopathic work on the diseases of India for young cadets going out; and more frequently I have been asked for some useful family treatise on tropical complaints.

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a reply I have generally recommended the few scattered thoughts in the early numbers of the *Homœopathic Review*, from the pen of Dr. Baikie, together with some general instruction which it afforded me pleasure to write on any special case detailed for my opinion.

Dr. Baikie would do good service to Indian officers and their families by collecting from his large experience those practice-notes, which would form conversational subjects on the overland route, and fit men for their new sphere of action.

Within the last few years two cases of jungle fever have come under my care. One, the wife of a colonel who had spent thirty years in India, then resident at Brighton—a telegram called me down—had been for some months under the care of another physician for symptoms of the circulation, great agitation of the heart, flying pulse, rapid breathing, forehead-ache, and a set of complaints which reminded me of the pathogenetic action of the cobra poison; and having asked the lady if she had had jungle fever, she said, "Oh yes, the doctor of our regiment always said when I was so ill as I am now it was jungle fever." On this I remarked that the remedy was also in the jungle, and I would prescribe a medicine prepared from the poison of the cobra di capello, but in such a millionth solution as barely to encompass the disease. Two days after, I had a note from the colonel, "My dear doctor, my old woman is all right again. Thanks to the cobra."

The Indian cobra is therefore worthy of a place among Indian prescriptions; and by induction we may suggest the study of the African cobra for the Sierra Leone fever. In this African fever, my cousin, Dr. Tuthill, mentioned the peeling off of the skin, as a sequel,—can we venture to found any analogy on the casting of the skin by the serpent? Another army surgeon told me, relative to this

fever, that during the cold stage the attack was so violent on himself that he could only save his knees from being broken by getting his servant to tie them firmly together. A naval surgeon, who has been on the home station six years, has assured me that the fever which he got on the African coast, has so impressed his nervous system, that a few thoughts of the subject would bring on the chill. It was this African Mediterranean fever which caused Julius Cæsar to shake!

My next case was a young officer whose delight was [illegible] the jungle, knocking over tigers. He formed one of the club of whose exploits we have so recently read.* His symptoms were fever every other day, which began with the *cold* fit between five and six in the morning and lasted three or four hours before the *hot* fit came on. The hot fit lasted from one to two hours, when the sweating stage

* Dreadful Encounter with a Tiger.—A correspondent of the *Times of India* writes as follows:—"I regret to have to record another frightful tiger accident. It appears that Captain Curtis, 6th Dragoons, Captain Bradford, Sillidar Cavalry, and another gentleman were out on a shooting excursion, in the vicinity of Sehore, where they fell in with a tiger, which had previously been wounded by some other sportsmen, and was in a state of furious madness. Captain Bradford raised his gun, but it unfortunately would not go off. At the same moment the brute caught sight of the party, and giving a hideous roar, charged down upon them with the utmost ferocity, singling out Captain Bradford, who was in the act of scrambling up a tree; the tiger made a dash at him with a tremendous bound, and caught and dragged him to the ground. Poor Bradford having raised his hand to protect his head, the brute seized his arm, crunching it between his terrible jaws as if it had been so much rotten wood, breaking and splintering the bone, and lacerating the flesh in a frightful manner. Meantime his companions were not idle; but as they were afraid of hitting their friend if they fired at any distance, advanced boldly up to the brute and poured shot after shot into him, till at last he was rolled over by the eleventh bullet. Ferocious to the last, the brute never relinquished his hold, and fell dead in the act of aiming a blow with his enormous paw at the head of his victim. Poor Captain Bradford was carried into Sehore in a pitiable condition, mauled all over, and it was found necessary to amputate his arm at the shoulder joint. By last accounts he was in a very precarious state. The tiger was of monstrous size, and said to be the largest ever seen in these parts."

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set in and lasted for a few hours, leaving my patient exhausted, with a forehead-ache, frequent sighing for breath, rapid pulse, tingling in the peripheral nerves, which usually began in the fingers, continuing and ending with a kind of muscular irritability in the palms of the hands, for which I prescribed *cobra di capello* 3. The spleen was very much enlarged; and as we view it merely as a blood reservoir, perhaps we may as well view its congestive state as a safety valve for other and more important regions, such as the head and chest; yet our attention must not be removed from it any more than from the biliary or urinary organs in other complaints. Frictions were therefore used, together with the hot sheet pack, on the approach of the cold fit; and on the close of the sweating stage, sponging in a hot sitz, followed by a cold douche which refreshed our patient and prepared him for nourishment, which in this case was roast fowl, bread sauce, and a glass of claret.

The remedy which cut short the attack in India was quinine in 15 grain doses, which my patient considered injurious on account of the temporary exaltation thereby induced and permanent debility established, as evinced by extreme sensitiveness, and the absolute necessity of leaving on the sick list. In the case before us *arsenicum* 12, was prescribed for the last four days, and appeared to act instantly on the intermittent symptoms.

These few experiments with the cobra poison (*naja tripudians*) are merely written to stimulate enquiry and induce others to report on its pathogenetic action. One very instructive case has been for a long time before the English profession, that of the keeper at the Gardens of the Zoological Society, who got wounded in the nose by an Indian cobra. For the first twenty minutes he exhibited great alarm. During the second twenty he tottered in his walk and trembled in his voice; grasped his throat;

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tossed his limbs and moaned; pulse 120; face livi[illegible]; eyes fixed, pupils dilated; skin moist; respiration 20 [illegible]n a minute. These symptoms were observed on his admi[illegible]s-sion into the University College Hospital. After t[illegible]e movements of the limbs ceased, the face became mo[illegible]e livid, the skin perspired freely, respiration almost ceased[illegible]; pulse 32 and irregular.

Artificial respiration was now used and the pulse ro[illegible]e to 70. Galvanism from the back of the neck to th[illegible]e abdomen helped to sustain the heart's action.

Evidence of death set in, and he died within twenty-fiv[illegible]e hours from the time of receiving the wound, withou[illegible] showing any evidence of pain, or action from the bowel[illegible] or bladder.

Thirty hours after death the pathological evidence[illegible] were: softening of the lower part of the spinal cord; congestion of the lungs, liver, kidneys and spleen. This last organ was enormously congested and on a section[illegible] almost black.

Directions for the *diet* of Indian patients are of the very first consequence. *Temperance* in every sense should be urged on the reason and judgment as the one thing essential for health. A patient from Calcutta attributes his liver complaint to having taken too much ale. Another from Upper Scind, with a shower of nervous symptoms, writes his apology for stimulants by saying:—"One requires beer and wine in this debilitating climate. For eight months, from March to November, the heat is dreadful; hot winds blow like furnace blasts both day and night. In the *cold* weather, from November to February, I seldom take beer, but a glass or two of port wine and sherry instead."*

Water, as a general rule, is the best and safest drink; but India is so large and vast, and the diseases are so

* The same gentleman writes and with much truthfulness, "There are so many medicines named in homœopathic domestic works, and the symptoms described are so varied, that I can seldom fix on what to take. I should like a simple book of directions containing surgery and the treatment of sexual diseases." Tinctures should be sent out in glass stopper phials as the corks get eaten away. English globules absorb moisture and become matted together; those prepared at Leipzic do not.

varied by altitude and latitude, that the experience of the natives must be observed and a regimen directed by the sagacity of the army surgeon.

Touckmolonga seed when prepared like our linseed tea, has similar properties, and is taken by the Indians in morbid states of the kidney.

Salep misree, the Hindostanne name for a species of orchis which is imported into England from the Levant in small oblong tubers, yields a mucilaginous and useful nourishment for invalids, and is prescribed by the faculty in India and China during diarrhœa, and is prepared by putting two drachms into a pint of cold water and simmered very gently until it becomes half a pint. A dessertspoonful is taken three or four times a day, with the prescribed regimen.

Ivory jelly is another form of diet which I can recommend particularly for debilitated old persons and for young children with a tendency to rickets.

The jelly is extracted from one pound of ivory filings by putting them in an earthen jar with a quart of cold water; the jar must be placed in an iron saucepan with sufficient water to surround it and reach within three inches of the top; let it stand by the fire where it can boil slowly for nine hours; when cold the gelatinous extract will be found quite clear and resting on the ivory deposit. For children give a teaspoonful in a wine glass of warm new milk; old persons prefer it in a cup of tea or a little brandy and water; the residue of the ivory is also considered nutritious and may be taken in milk by children, half an egg spoonful at breakfast; the jelly at noon daily.

Concentrated food, essences, and such like are scarcely ever digested by weak stomachs; much animal diet is also injurious; all require care and moderation.

Should Dr. Baikie or any other medical officer, experienced in tropical disease, collect their notes with appropriate remedies for cholera, diarrhœa, jungle fever, Scind fever, ship fever, yellow fever, and those accidents which old cruisers may expect to meet in tossing over sea and land,—such a production would be received by those generous spirits with open arms. As a help towards simplifying such a work I shall copy one of the six tables arranged by Dr. Lutze for non-medicals:—

JUNGLE FEVER.

INTERMITTENT FEVER.—FEVER AND AGUE.

REMEDIES.	CHILL.	HEAT.	SWEAT.	ACCOMPANYING AILMENTS.	TYPE.	PARTICULAR REMARKS.
Aconite.	Violent with thirst.	Continued burning, with thirst.	None.	Great anxiety during the heat, oppression and chilliness when exposed ever so little.	Evening quotidian or quartan.	Especially suitable to plethoric persons.
Antimon. crudum.	Desire for beer.	With little or no thirst.	After the heat.	Gastric derangements.	Morning, or tertian, also double-quotidian.	
Arnica.	Thirst before the chill, gradually lessening.	Moderate.		Drawing in the periosteum, rheumatic pains before the attack.	Morning, afternoon or evening, tertian or quartan.	After abuse of Cinchona.
Arsenic.	No thirst.	Burning, with violent thirst, frequent drinking, but little at a time.	None, or long after the heat.	1. Existing ailments are worse during the attack. 2. Prostration, trembling, or even paralysis of the limbs. 3. Dropsical swelling. 4. Swelling of the liver and spleen.	Quotidian tertian, quartan, or double-quotidian.	After abuse of Cinchona.
Belladonna.	Violently shaking, with or without thirst, drinks seem cold.	With or without thirst, flushed and puffed face, dulness of the head, [illegible]	During or after the heat.	Frontal headache, also in the temples, vertigo, red eyes.	Quotidian tertian in the afternoon or evening, rarely in the morning.	After abuse of Cinchona.

A CALENDAR OF CASES TREATED AT THE PENZANCE HOMŒOPATHIC DISPENSARY, DURING THE YEAR 1862.

By J. H. Nankivell, M.R.C.S. Eng.

(Continued from page 507.)

M. R., a widow, aged 50, has been much depressed by anxiety about the maintenance of her children, and by affliction at the loss of four daughters, who have died of consumption. Her husband died three years since of consumption; she had a long and painful watching by him during his long illness, and slept with him almost to the last. She has had in all twelve children. She is very pale, and extremely emaciated; dates her illness from three months since, when the catamenia ceased. There is loss of appetite, weakness, diarrhœa, cough; her lungs are infiltrated with tubercle, but there is no tubercular cavity. She is often faint; feet and legs œdematous; breathing quick; much dyspnœa; not much expectoration. She took *puls.*, *china*, but gradually sunk. Died.

Was this patient's illness to be attributed in any degree to her occupying the same bed with her consumptive husband? It cannot be too much impressed on the minds of people that there are good reasons for supposing that consumption is in a modified sense infectious.

A. Powis, infant, aged 3 months. The account brought to me was that the child was in "screeches." I found it very feverish, restless, constantly crying and screaming; so irritable that nothing would soothe it. For two nights the nurse had scarcely been able to sleep, the crying of the child had been so incessant. It was a case of bowel irritation which plainly pointed to *chamomilla*. This medicine was given with instant and permanent relief. Cure.

E. A. W., aged 23. She has for twelve months suffered

agonizing pains in the head. She had been weeding in a field; the sun was hot, and there was a fresh breeze up; she threw off her bonnet and worked until the evening. Soon after this she felt a jarring in the gums on right side, lasting twenty-four hours; then there would be a remission for two or three days. The pains became worse, extended to the head, and even into the neck. The pains were so severe that she was compelled to cry out that she was dying; heat seems to increase the pain, cold water alleviates it a little. At the time she applied at the Dispensary she was suffering from an attack. She took *glonoine 3* with charming effect. (In the cases in which *glonoine* succeeds, the effect is so rapid as to be what I have heard a patient designate it, viz., "magical." Cure.

D. H., a miner, aged 48. (I give a statement of this case because it is interesting, *quoad* the disease and the causes which gave rise to it, although unhappily the therapeutics do not teach us anything important.) He has been ill for seven months, and for five months before this had a tickling cough. He has found during the last five months that he has been unable to ascend from a mine by the ladder, except with extreme difficulty, his breath was so short and his cough so bad. In the level in which he worked the powder-smoke was very bad, and the waterfall-pipe ventilator did not purify the air very much. At times now he has a rage of cough for *four hours;* it takes away his breath, and the sweat drops from his face; white stringy phlegm is brought up with difficulty; no blood. The rages of cough are often at night; is not able to get any rest. Cough produces tightness across the forehead and haze before the eyes; towards morning he sweats; he is very hoarse. Pulse small and weak, 96. Right lung congested (tubercle?) at apex, resonant at base; left lung resonant at apex, congested at base. He took *sulphur*, and stated that it caused an increase in the amount of

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expectoration. Afterwards, *phos.* three days, *ipecac.* three days, in alternation. He ceased attending at the end of a month, and did not appear to have derived any benefit. No relief.

Note.—If we had a cottage hospital, in which such cases as the above could be received for a space of three or four months, there might be some chance of benefiting them; but what is most important is, that the attention of the surgeons of mines should be very early directed to the onset of disease such as we have briefly described above, and, if possible, take steps to get the poor miners removed very early from the lethal suffocating atmosphere in which they are accustomed to work.

R. H., a miner, aged 30, married, has worked under ground for twenty years; has never had much sickness. Fifteen years ago had a fever, and was delirious for a week. Nine months since felt some pain in his limbs; had been working in a wet part of the mine, and had sweat a good deal, after which he remained in a level where it was drafty. Felt pain in his loins; had a warm plaster and some physic. Pains continued for three months, and then they extended to the right hip and thigh (sciatica), and lastly to the calf; the pain shifts about in different parts of the limb. He still works under ground (!), and when he is perspiring the pains abate, but as soon as he gets cool he experiences a stinging, as if the foot was asleep, and pricking, as of pins; when warm in bed the pains abate, but as soon as he rises the pains return. He first took *sulphur* at night and *dulcamara* of a morning, from which he derived no benefit. He then got *rhus* and *bryonia* alternately, and was somewhat relieved. Subsequently he took *arnica*, but I do not know with what result. It is next to impossible to relieve disease when the causes which first gave rise to it are still in operation. The stern necessity which compels the

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miner to continue his work after he has become affected by diseases induced by that work itself, is much to be lamented. The prevention of disease is at least as important as the cure of it, but the former is sadly neglected.

W. W., aged 37. (Pleurisy?) A week since had inflammation in the right side; had a pint of blood taken from the arm; turpentine and mustard to the side; physic. Always thinks that purging medicine hurts his constitution. When walking he feels that something is girding him around the short ribs. A little cough; scanty expectoration; breath short; pulse 80, small and weak; pain in right shoulder; lungs and heart healthy; some bronchial wheezing He took *sulphur*, and afterwards *china*, and was soon convalescent. It may be confidently and dogmatically asserted—and this not for the purpose of finding fault, but for the good of mankind—that the bleeding in the above case, and the pain inflicted by the mustard and turpentine, were not only unnecessary, but actually prejudicial to the man's health, and that nature helped him out of the inflammation (or whatever it was) maugre the depletion and punishment.

H. McA., aged 25. Never required medical attendance until nine months since. In March 1861 he went to Cuba, and worked in the copper mines. Left Cuba in December of the same year. Day before he embarked he felt a touch of fever, which passed off with a sweat. This fever is called the "Cobra" fever, from the village in which it is rife. The disease is accompanied with great pain in the limbs. On his passage home was sea-sick; bowels constipated for fourteen days; took Epsom salts, but soon vomited them again; bowels acted afterwards. Soon after he landed in England he felt palpitation of the heart; his skin is pearly white; he says that his blood is thin, and that if he cuts his finger it is difficult to stop the

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bleeding; no aortic murmur; pericardial rubbing very distinct; incipient hypertrophy of heart. He took *spigelia* and *ferrum* with little benefit, and afterwards *arsenicum* with great benefit.

M. B. (Lateral curvature of the spine.) This girl, aged 24, has enormous projection of the vertebræ towards the right side, and is for the most part confined to bed; she feels inability to sit up. During the present year a young man, aged 21, has also come to our Dispensary for treatment of angular curvature of spine, and he informs me that when the disease commenced he was ordered by his doctor to carry *heavy weights* in his hands, with the hope that thereby the muscles of the back would become strengthened! thus adding to the weight which the spine had to support, instead of diminishing it. As a general rule, patients afflicted with spinal disease should either be reclining on a well-stuffed couch, or be allowed to move themselves horizontally along a well-carpeted floor, and at stated times to swing for a quarter or half an hour, holding on with the hands at a bar or roller of wood, placed transversely between two ropes—in fact, a kind of *trapèze;* the muscles of the arms and chest would thus be called into action, and all weight taken off from the spine. Such exercise, combined with generous diet and common-sense medical regimen, would unquestionably prevent many of the sad instances of deformity which we every day witness in our streets.

T. R., aged 49. (Epithelial cancer.) Eleven summers ago the weather was very hot, and his lower lip became raw (amongst agricultural labourers this is very common). A doctor touched the lip with caustic, after which a wart formed: the lip has never been sound since. He was advised to touch it with bluestone, but this made the disease worse. It burns much, and at times portions of the diseased structures slough and come off. Has tried a wash of vitriol, and also a lotion he had from a doctor,

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which burnt very much. At present two-thirds of the lip are involved in the disease. I directed him to apply lint dipped in warm water, to protect the part and keep it clean, and gave him *arsenicum* to take three times a-day. Shortly after this the man was obliged to go away to work at a place several miles from hence, and I did not see him again until the end of December last, when the disease had mightily improved, and the poor fellow was (as well as myself) in a state of wonderment and curiosity as to the question how far the short course of homœopathic medicine he had taken could have been the "cause of the effect." Relieved.

R. F. Has been for many years the subject of epilepsy. This man has unquestionably derived great benefit from *hyoscyamus;* and as every fact connected with this frightful disease is important, I have thought it right to place this one on record. Every case of epilepsy should be individualized, if it is to be treated with success. But often there is extreme difficulty in doing this—as neither from the history can one always trace the exact cause, nor in the constitution of the patient do we find sufficient to guide us. The manner in which the disease manifests itself may sometimes give us a clue to treatment, but after all it must frequently happen that our treatment is tentative or empirical. I was induced to try *hyoscyamus* in consequence of a declaration made by Professor Hoppe (who is not professedly a homœopath), that after the administration of *hyoscyamus* he had known a few instances in which epilepsy had never returned.

My patient is convinced that he has derived most essential service from it. He very rarely gets a fit, and only in the mildest form.

E. N., aged 35. Small varicose ulcer, which gives severe, constant, *burning* pain. *Calendula* lotion; *ars.* 3, three times a-day. Cured.

G. P., aged 32, married. Had three children; was

confined fifteen months since, and has been in delicate health from that time. The infant lived ten months; she nursed it only a fortnight. On her first confinement the left breast gathered three times, and so she has applied a "backening" plaster to that breast after the birth of the two other children; nursed her second child on right breast for five months. On the last confinement the nipple of right breast was so bad, that at the end of a fortnight she had a "backening" plaster for this breast also. After this had a bowel complaint for eight weeks; much pain and diarrhœa; got some physic, one dose of which stopped the action of the bowels for five days, after which it failed to have any good effect. At present has a bad cough; has been told by doctors that her lungs are weak; expectorates stringy frothy phlegm; has night sweats; catamenia regular (for three days); is losing flesh; eyes pearly; family all healthy; pulse 120. Stethoscope—large cavity in apex of right lung. Died 3 months after.

Quære.—Is there not every probability that the repression of the milk in the above case had a prejudicial effect on the health of the person?

J. J., aged 48, a miner. Has not worked underground during the last eighteen months. At that time he was hurt by a large stone falling on him, and the day after inflammation in his right side came on. Had physic, which did no good; then some other physic, which "killed the pain." Two years since had pain in left side, which was cured by medicine, but his breath has been short ever since. For the last four months has felt very weak; has a bad cough, and spits "a bloody corruption;" pulse 108. There is a large tubercular cavity in left lung. To take *drosera* and *calc. carb.* during alternate weeks. No report.

R. T., a miner, aged 30. Three weeks since he was

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down in a mine, and "shut" a hole; afterwards, when moving the exploded stuff, he struck a stone with his pick, and a small splinter hit his right eye. Took no notice of it, as such accidents frequently happen. Three days after, inflammation came on; applied to a doctor, and had a lotion and some opening medicine. The eye continued very bad. Consulted another surgeon, and had lotions and pills; did not feel any pain for "tre" days. At present has a pain in the forehead and right temple. An examination showed a wound in the cornea, in the centre, and the cornea itself very hazy throughout; the iris much darker than that of the sound eye, and the pupil much contracted; conjunctival and sclerotic coats highly inflamed; vision nearly extinct. The case looked very threatening and unfavourable; it was to be feared, from the depth and extent of the wound, and ulceration of the cornea, that there would be perforation of the anterior chamber of the eye, and prolapse of the iris. The man took *acon.* and *arnica* alternately; at the end of a fortnight the inflammation had subsided, and the wound of the cornea appeared to be contracting. He then had *silicea* and *calc. carb.* for another fortnight, and made a good recovery, a small speck marking the site of the original wound. Cure.

C. P., a widow, aged 42. Her husband was killed on a railway, her son was also killed by a similar accident, both during the last year, and within three months of each other. Has been much stricken down by these calamities. Of late has suffered from indigestion, and frequently vomits any food she has taken. She took *ignatia*, *nux vom.*, and *puls.*, in succession, and made a good recovery. Cure.

(*To be continued.*

CONTROVERSY ARISING OUT OF THE ARCH-BISHOP OF DUBLIN'S RECENT LETTER ON MEDICAL TRADES'-UNIONISM.

Communicated by Dr. Scriven, Dublin.

(Concluded from page 497.)

HOMŒOPATHY.

To the Editor of Saunders's News-Letter.

No. 6.—March 24th.

Sir—Your excellent paper has lately provided for your readers letters on homœopathy, in which your correspondents have attacked it and defended it according to their respective views. From the tenor of their remarks I presume they are professional men who have thus entered the lists. May an humble layman venture to crave a space in your columns on the same subject, and state some reasons why the writer and many other laymen do not anathematise the new doctrine? It is admitted that homœopathy has now stood the test of many years' opposition—far more than have sufficed to wear out any mere delusion depending merely on its novelty. There are at least three practitioners of homœopathy in Dublin, a city where (thanks to the eminence of the medical profession and the naturally conservative tone of Irish society, whether Roman Catholic or Protestant) an innovation was the least likely to be successful. Amongst the supporters of this system may be found individuals of all classes, from the highest to the lowest, many of whom have, by their intelligence, enterprise, and success in life, proved themselves to be, at least, equal to their fellow-citizens in observation and acuteness. We are called upon to believe that all such individuals are the dupes of the grossest charlatanism that has ever disgraced the age. I do not profess to possess the means to pass a judgment on the scientific merits of any system of medicine, but I can testify that I know many families where the members have for years been treated homœopathically, where the children have passed through diseases incident to

children, and although they have never been treated by leeches, blisters, bleeding, mercury, or any other equally horrible feature of allopathic practice, have yet weathered the storm, and are now living in health and the enjoyment of life. My own family has occasionally been treated by homœopathists, and in one severe case of inflammation the disease was reduced without any bleeding, mercury, or blistering. It may be said the cures might all have been effected without homœopathy. Possibly they might; but is it not a blessing to escape all the torture our children and relatives must suffer on the orthodox system of treatment? When I recollect the horrors of childhood, and the abominable doses of rhubarb, senna, &c., which were forced down our throats, and compare such treatment with the globules with which mammas now delight to dose their children, I know not whether to be more amused or delighted. And, even if there is a spice of delusion in homœopathy, we must take the world as we find it. Surely no sane man will pretend that there is no delusion in allopathy. Do we not constantly see medical men pooh-poohing the practice which the previous doctor has prescribed? Do medical men never prescribe medicines simply to keep the patient satisfied? Are there many medical men (except those of the highest standing) who would tell their patients that what they need is greater attention to regular habits, diet, &c., and that medicines would be of more harm than good? How are such medical practitioners to live if they are so inexorably honest? It is not to be supposed that homœopathy has any charm to free its professors from the exceptionable practices which will be followed in all professions where human nature displays itself; and hence all attacks on homœopathy showing inconsistencies on the part of its professors will have little weight until allopathists can show that they are all agreed in their views of medicine and the modes of cure. It has been objected to homœopathy that its professors when ill consult allopathic doctors. There are cases in which I should prefer to consult an allopathist—viz., where the disease was one which had received the special attention of an eminent allopathist. Homœopathy cannot yet number its professors sufficiently to

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include the variety of talent that allopathy can, and hence I should not see any necessary proof of charlatanism in a homœopathist consulting an allopathist in his own case. It is well known that allopathic professors seldom venture to prescribe for their own ailments—and rightly so. Homœopathic doctors, when ill, have in Dublin hardly a choice of physicians to go to, unless they have recourse to allopathic doctors. The practitioners of homœopathy are, in very numerous instances, regularly educated members of the medical profession. They have, therefore, had all the means of comparing the relative merits of the two systems; and the fact that the College of Surgeons in Dublin has endeavoured to use the arm of authority to interfere with the right of any student of medicine to profess homœopathy has produced a very painful impression on the minds of non-professional men, who naturally expected that the leading medical men of Dublin would have felt such reliance in the truth of the principles on which their own practice was founded as to have rendered such a proceeding unnecessary.

PACEM AMO.

No. 7.—MARCH 30TH.

Sir—When I spoke in my last letter of the "entertainment" your readers must have derived from Mr. "John Search's" lucubrations, I alluded—as they of course perceived—to that gentleman's mode of dealing with the question in hand. To assaults like his, a serious reply was not to be thought of—so I passed them over, and smiled, and quoted Sir John Forbes. Three-fourths of the letter Mr. "Search" has since favoured us with are composed of similar elements (with the addition of a touch or two of poetry towards the close), and shall therefore be met as the first was. The remaining fourth may be disposed of very briefly. First, a word about Sir John Forbes, who, though the celebrated and respected introducer of the stethoscope into Great Britain, has been, for his purpose, made so light of by Mr. "Search." Sir John has, in the passage I quoted, borne deliberate, though unwilling, testimony to the importance of Hahnemann's system. The value of that testi-

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mony is enhanced, instead of being depreciated, by the confession of the author, in the passage Mr. "Search" has given, that "it is melancholy to be obliged to make admissions in favour of a system" he considers "false and despicable." So much for Forbes. Well, then, skipping the "fogs," and "quagmires," and "mirages," and "folly and trickery of Hahnemann," we find ourselves once more back upon Mr. "Search" himself, the member of a profession more than two thousand years old. Whether the mere fact of antiquity is conclusive evidence of perfection in sciences and creeds, let the astronomer, the chemist, the natural philosopher, the divine, say. Astrology, alchemy, necromancy, idolatry, may reply for themselves, if he does not. I always thought it was the novelty of scientific development, opening like a flower to the growing enlightenment of the day, which recommended it. But I suppose I was wrong. Skipping again "Briareus," and the shapeless bulk which is poetically represented as a roller on the path of science, I come to one or two serious charges. One of these is to the effect that homœopaths have, to a considerable extent, abandoned infinitesimalism, and that "their doses far excel in amount and potency" those of the old school. One would think that doctors were deaf—at least that Dr. "Search" was. How often must it be repeated that small doses have nothing whatever to do with the principle of homœopathy; that if they were given up to-morrow the science would remain what it was before. But we further assert that we have not abandoned the system of infinitesimal doses, though individual practitioners may think proper to increase the quantity. What Mr. "Search" means by "large doses" I do not quite comprehend. If larger than formerly administered by the homœopath, he may be right as regards certain practitioners, who, after all, form the exception and not the rule; if larger doses than the allopath (he speaks of arsenic, mercury, aconite, and such poisons), then I have simply to contradict him. Should any individual professor of the method have done so, or continue to do so, I have only to say, let him be classed with the hundreds of licentiates of the colleges who have destroyed the organs of digestion,

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deranged the functions of the brain, and originated the tortures of nocturnal bone pains, by the legitimate "recipe," which has passed under their hands; we simply repudiate him, though having as yet no power as a chartered body, we cannot restrain him from practices of the kind. The next charge, or rather insinuation, I shall notice is this, that homœopaths, when grave disease assails them, or enters their homes, have recourse to allopathic practitioners and remedies. That such a course may have been pursued in isolated instances I am not in a position either to admit or deny. It is quite possible. But what does this prove? Does it disprove a system practised, like the old, by fallible men under every variety of circumstances, and subject to the exceptional conditions incidental to all human affairs? Do we, in claiming a true principle, arrogate to ourselves, as "quackery" might, an ideal and unattainable certainty of application and integrity of practice? Must I relinquish a system of truth because a brother practitioner, in the alarm and terror of an imminent fatal termination to disease in his family, may have thought proper to desert his colours and enrol himself under another standard? The thing scarcely requires an answer. Men—even scientific men—acting under the desperation of fear, will, when their affections are concerned, snatch at anything; yet the fact of a straw having been grasped at under such circumstances would be rather slender evidence from whence to conclude that the whole fraternity the desperate man belongs to deliberately judges the straw to be a lifeboat. The subject is a painful one, because it is, or might become, personal. To intrude, in a public discussion in which principles (at least on one side) have been the topic of argument, into the domestic circle, and attempt to drag the dispute within walls where sickness is already a visitant, exhibits, as I conceive, questionable delicacy. Nevertheless, if it must be so, I will myself enter within those walls, and point to our sincerity in the fidelity to our principles and practice evinced every day around the deathbeds not merely of our general patients but of those of our own families who are struggling with the inexorable adversary. Those must,

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indeed, be bold professors of "humbug" and "quackery" who sacrifice their own families, as a general rule, on the altar they know to be raised to a false god, and end by casting themselves, suttee like, into the flames they have helped to kindle! Yet such is what Mr. "Search" would have your readers believe we are in the habit of doing every day, at least with the exceptions he threatens us with adducing. I have now done. I have entered into Mr. "Search's" topics at greater length than I had intended. His insinuations and charges might, indeed, well be left altogether unreplied to. They are their own best refutation. The doctors may put them forward, the public will never believe them. But he threatens us with authorities, and has quoted some. I think it necessary, therefore, to state here publicly and beforehand, on behalf of the body to which I belong, that, the mere *dicta* of individuals (however eminent they may be), unsupported by legitimate argument, I shall not think it necessary to reply to by a single word. *Apriori* expressions of opinion, no matter whence emanating, are of no weight in the balance against facts. The *argumentum ad verecundiam* is nothing to me. I must have it shown that Brodie, Brewster, Gardner, Simpson, Holmes, have examined our system by tests fairly, fully, and publicly applied, and I must have those tests brought forward in detail before I think of yielding to the authority even of those high names. In the case of the rival system, statistics have been obtained; the results are before the world. We appeal to these; we claim, where the test has been applied, to have cured a greater proportion of patients than the orthodox physicians have. Until it is shown from authoritative statistics that I am incorrect in this statement, I shall be silent. I have not time to bandy words. Mr. "Search" may have your columns to himself; he may abuse, declaim, nay, poetise if he likes. I continue to point to those awkward things —figures—and claim the victory.—Your obedient and obliged,

M. B.

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No. 8.—April 6th.

Sir—It is not my intention to encroach very extensively on your space, inasmuch as I feel persuaded that such of your readers as take any interest in this discussion have been dosed (not infinitesimally) for several weeks with a subject which, after all, is hardly entitled to a serious consideration. "M. B.," in rather a prosy (he calls mine poetic) lucubration, aimed pointless shafts at the truths laid down by "John Search." I thank "M. B." much for the opportunity afforded me of exposing his glaring inconsistency, as the quotation which follows sets forth. He says:—"How often must it be repeated that small doses have nothing whatever to do with the principle of homœopathy; if that were given up to-morrow, the science would remain what it was before." I must here put a serious question to "M. B.," which, I am sure, his perverse ingenuity will not answer. How can his statement dovetail with the first principles of the Hahnemannic theory? The law of *similia similibus* is to be regarded (*vide Organon passim*) as the fundamental principle of homœopathy, while the employment of infinitesimal doses is the only condition of its application. It is needless to point to "M. B." the sources from which, in the voluminous (although not luminous Organon), he may find corroboration of my statements. "M. B." has questioned, if not rudely denied my veracity, as to the potent doses administered by homœopaths. In reply, I have to say that there now lie before me fifteen facsimiles of prescriptions of *quasi* homœopaths, in which doses of various drugs are quite up to the point of the nick-named allopaths; a desire not to exceed the limits of a few short sentences obliges me to omit particulars. As for the logomachy of "M. B.," with reference to men, even scientific men, acting under the desperation of fear at the loss of wife or child, means nothing. It is "full of sound and fury," and "like a tale told by an idiot." It cannot be denied that homœopathy has had a limited success in Ireland—elsewhere it has been otherwise. This is rather complimentary to us. We are not so dupable as our wealthier neighbours. Its infinitesimal treatment being a nullity patients are never hurt by drugs when it

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is adhered to. It pleases the imagination. It does not offend the palate, and thus spares the nursery those scenes of single combat in which infants were wont to yield at length to the pressure of the spoon and the imminence of suffocation. It gives the ignorant, who have such an inveterate itch for dabbling in physic, a book and a doll's medicine chest, and lets them play doctors and doctoresses without fear of the coroner. Considered and viewed from a serious stand-point, it must be concluded, in the words of the mildest and fairest of the opponents of the system, that in rejecting homœopathy we are discarding what is "at once false and bad, useless to the sufferer, and degrading to the physician."—I am, sir, your obliged servant, JOHN SEARCH.

THE SCIENCE OF MEDICINE.

We extract the following passages from a paper by Dr. Edward Haughton, published in the *London Medical Review*—

"Formerly the language of the colleges was in the prohibitive tone, as—Thou shalt not use bark or quinine, thou shalt not use vaccine lymph, thou shalt not use mercury, &c. But now we seek to spread sound principles, knowing that this is the way to encourage rational practice. Legitimate medicine is catholic in doctrine, comprehensive in remedies, and zealous of nothing but the liberty of her disciples. Hahnemann invented a rule of action which, even if it were true, is still empirical; because it is a rule without a reason. But his rule is found not to apply at all in numberless instances, and the superstition of infinitesimal doses is degrading, to the human understanding. Who, indeed, would be safe from disease, for a single instant, if his mortal body was capable of being influenced by every noxious particle which floats in the atmosphere? Or what can be more irrational than to expect just the same result from two doses of medicine, one of which is as much larger than the other as the sun is greater than the earth?

"Shall we be told that physicians have no law to guide them, and cannot give a satisfactory reason for any single thing which

they do? If this were so, verily every physician is a quack and an impostor; but God forbid that I should believe it to be the case."

[The above communication in support of the "Science of Medicine," must conclude this rather protracted correspondence under the head of "Homœopathy."—Ed. *S. N. L.*]

A RESPONSE FROM THE *BRITISH JOURNAL OF HOMŒOPATHY* TO DR. COCKBURN'S CRY FOR HELP—WITH FRAGMENTARY COMMENTS.

By Mr. D. Wilson.

Dr. Cockburn's harmless invectives forcibly remind us of Dr. Smellfungus, whom Mr. *Punch* not long since introduced to the notice of his readers under the choice heading of

"A Plea for Ingratitude."

"There is a pleasurable sensation," said that great philanthropist, Dr. Smellfungus, "in hearing the person who has done us a service abused." "And why, sir?" inquired a lady who overheard the charitable observation. "Because, my dear madam," was the Doctor's logical reply, "it seems to lessen the obligation we owe the rascal ourselves."

Whether as benefactors, pioneers of New Truths, or in any of our social relationships, there are but few amongst us, I suspect, who have not had *some* experience of the Smellfungus tribe. They are a very numerous family of parasites, often found meanly clinging to *life* upon *that* of others. Some of them, like other *fungi*, have variegated exteriors, and are of a very poisonous nature. They fraternise in clusters and often covet *a* life in—the *shade!* where they seem to thrive best. The *harmless* species of the Sm*a*llfungi class are said to be found solitary, and they do not covet life in the shade. This surely must be the

species to which Dr. C. exceptionally belongs; indeed we are almost inclined to look upon the following words of the *British Journal of Homœopathy* as prophetic:—"And in the face of such arguments we have only to hope that Dr. Cockburn represents himself *alone*, and not any number that could be called a party."

In all large *families*, however well regulated they may be, exceptions will now and then occur, and it is just possible that Dr. Cockburn may be *one* of the exceptions amongst the brotherhood of his order. In confirmation of this view it is not a little curious that, since he tried his hand at the Smellfungus tactics, he has twice—cried for help, without receiving that succour, of which he stood so much in need, and of which he has been cruelly disappointed.

When he last supplicated the Editors of the *British Journal of Homœopathy*, under the pretext of their opening my eyes to a delusion—that exists only in his own brain as far as I am concerned—*one* month had elapsed since that journal had spoken out very plainly in reference to Dr. Cockburn's performances. No doubt his appeals had for their object not the cure of my delusions, *but* his own extrication, if possible, from his "fix." The Editors of the *British Journal of Homœopathy* have indeed relieved me of a most invidious task, so I trust Dr. C. will not take it amiss when he reads the following lengthened quotation from a Review in the last (July) number of that periodical, in which he will find an admonition that may be of real service to him:—

"The subject of the correctness of the English version of the *Materia Medica* has lately been brought before the Homœopathic public by Mr. D. Wilson, in a series of articles of great power and accurate knowledge of the subject. These have excited a kind of controversy which touches on subjects of the deepest importance to the existence and progress of our method. Dr.

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Cockburn first stepped forward as the vindicator of Dr. Hempel, in a tone which we are quite at a loss to understand, as if Mr. Wilson were doing some personal injury in making corrections in a work of vital importance to us all. Dr. Fenton Cameron answers Dr. Cockburn, but neither seem to have tested the correctness of Mr. Wilson's statements by actual reference to Hahnemann's original work, and close comparison of it with Dr. Hempel's translation. Before going further, we think it necessary to do that, and give our readers the result.

"Let us first take the alleged omissions, by Hempel, of Sarsaparilla symptoms, at p. 475 of *Monthly Review*, vol. vi. On going over the bulk of these, and comparing Hempel with Hahnemann, we testify to Mr. Wilson's correctness: as to the precise value of the omissions, that question will be entered on presently. We may here, however, *dispose of Dr. Cockburn's defence of Hempel*, in which the apologist supposes that Hempel considered them not omitted, but represented by parallel expressions. These he (Dr. C.) puts in columns alongside of each other, with Wilson's alleged omitted symptoms. *It is unfortunate that Dr. Cockburn did not take the trouble to compare Hempel with Hahnemann, or he would have seen that the supposed equivalent symptoms are, in reality, simply a translation of some symptoms, while others are left out in an arbitrary manner, and some simply translated in a careless and imperfect manner*, as Mr. Wilson says; so we give the latter completely right on this point also . . . .

"Next, as to the correctness of translation we have carefully compared the list given by Mr. Wilson, at p. 530, vol. vi., with the original and with Hempel, and find that in every instance, except those to be mentioned below,* Mr. Wilson's criticism is just and valid, *while in eleven examples the alteration is so important as to restore the essential characteristic of the symptoms which had been lost by omission and incorrect rendering*. . . . .

"Thus far we find Mr. Wilson has shown it to be a fact that Hempel's translation contains errors and omissions; but when,

* Having reference to Oberschenkel, to which I have already replied —see *Homœopathic Review*, Novr. 1862—and the translation of Harndrang, open to discussion.—D. W.

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not content with denying that, Dr. Cockburn proceeds to argue on the subject, that a general want of accuracy in such small matters (as he considers them), is of no great importance, then the question assumes a more serious aspect, and in the face of such arguments we have only to hope that Dr. Cockburn represents himself alone, and not any number that could be called a party. Indeed we cannot but express our wonder that any one who has practised Homœopathy so long, and has written books, should show such an incomplete perception of what constitutes the necessary points to observe in proving a medicine and applying it to practice. In these matters we think he has been fully answered by Dr. Cameron and Mr. Wilson, who vindicate the Hahnemannic principle of pushing the provings to the fullest development of detail, while Dr. Cockburn contends for the more general knowledge of the action of medicines, such as is sufficient to content the specificker, as being on the whole easier to attain and more likely to be correct. But after all what is this but a renewal of the old strife between morbid anatomy and real pathology which includes semeiology? Will medical theorists never tire of contending about matters wherein *both are right* as far as they go? No doubt all strong minded practical men will feel the perpetual uncertainty and want of firm holding ground which would necessarily be engendered if we had positively nothing to guide us in actual practice except the detached subjective symptoms of the Materia Medica, however accurately observed, finely discriminated, and faithfully translated. Added to this, suppose we carry out to its extreme limits the principle of rejecting the *usus in morbis*, and the reading symptoms by the light of their connexion on any pathological theory, thus acting on the theory of total independence of each case of disease on all others past, present, or future? Such is not done, nor ever has been done, even by Hahnemann, from the earliest times, and the great efforts of Homœopathists in later years have been directed, and on the whole rightly directed, to discovering the fundamental sphere of action of medicines by all the resources of modern physiology and pathology. But this has, as usual, *gone into extremes*, and some have been led to believe that by pursuing this track we

shall ultimately arrive at some mode of getting at the essence of the action of each medicine in a short easily remembered form, and thus dispensing with those cumbrous arrays of subjective symptoms that constitute our present Homœopathic Materia Medica. *This we have always held is a mere delusion, and we shall not cease to combat it as destructive of the real progress of Homœopathy.* And on this account we welcome Mr. Wilson and Dr. Fenton Cameron and Dr. Carrol Dunham as the champions of what is now most necessary to defend in real Homœopathy, as Drs. Hering, Gross, Stapf and others were some years before. The truth of the matter is, those pathological studies of the Materia Medica are good and needful in their place, but they are to be *added to* the symptom lists of the medicine, not in any sense or degree to be *substituted for* them. It is, in fact, through the finer shades of the symptom list that we make the differential diagnosis of the medicines, and it is in this that the real core of Homœopathy lies. We quite endorse, along with Mr. Wilson, this sentence of Dr. F. Cameron, 'Is it not generally allowed also that the characteristics both of drug and disease are, in very many cases, found NOT in prominent and marked symptoms, which the most careless observer can hardly overlook, but in some apparently trivial symptoms, which the patient thinks hardly worth naming, and which often require a good deal of questioning and examining to elicit a description of.' That is to say, with the clause understood *ceteris paribus*, which really means the same as the 'totality of the symptoms,' as said by Hahnemann. Of course when we say that the choice of medicines depends on the correspondence of certain minute resemblances in the individual symptoms, that means that the correspondence in the large pathological states is understood, and that among certain groups of medicines whose general action correspondence is known, the differential diagnosis among the medicines composing these groups is determined by the correspondence in minor points, such as is displayed in our symptom lists. It may happen that in a comparatively new medicine, which we only know by disjointed lists of symptoms, we may be led by the correspondence in some minute single symptom, to

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give it in a case of disease and thereby make a hit and cure the patient; but that can only happen where the medicine also was unwittingly suitable to the general pathological state, and such a cure is only an experiment, as every case must be where we do not wittingly or unwittingly cover the *totality of the symptoms* in its wide sense. Such cases are useful as advancing our knowledge, but they do not favour either one or the other party, either the specificker or the Hahnemannist. For we maintain that the good Hahnemannist ought, and generally did tacitly or expressedly consider the general action of the medicine while he was making the ultimate differential diagnosis depend on some apparently minor correspondence of symptoms. On the other hand, the more the specificker relies on the merely general action of the drug (often, indeed, partly ascertained *ab usu in morbis*), the more he approaches to the allopathists, who will, ere long, equal him or even surpass him, if indeed they do not do so already often, as allopathy is much altered, and many medicines are given alone, and more faith in their specific powers is displayed since the establishment of Homœopathy. *So to go forward, or even maintain our ground we must cultivate more strenuously our special vantage ground, viz., the minute symptomatology of the pathogenesis of drugs.*"

No one can deny, in my opinion, that Dr. Cockburn has earned for himself this humiliating yet very just rebuke from the source to which he appealed for help. Dr. C. expects much courteous civility in return for his efforts to disseminate grave errors with a vocabulary of abuse. I hope the following is quite to his liking :—

" Indeed we cannot but express our Wonder that any
" one who has practised Homœopathy so long, and has
" written books, should show such an incomplete percep-
" tion of what constitutes the necessary points to observe
" in proving a medicine and applying it to practice."

After such an opinion as this, deliberately expressed too by the *British Journal of Homœopathy*, and in which

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I fully concur, let me advise Dr. Cockburn to betake himself to the study of Hahnemann's Organon, and there to learn his lesson thoroughly before he again ventures to quote it in public. In that invaluable work, which he quotes inaccurately and in a garbled manner calculated to mislead the student, he will find in language intelligible to the most moderate capacity, Hahnemann's own definition of Mongrel Homœopathy, which had not then reached its present extent of Fraud upon Allopathy. At the same time I must admit that the public are unwittingly largely encouraging this Fraud, neither are the Allopathists free from a large share of blame. They ought long since to have made themselves acquainted with the Homœopathy of Hahnemann, and studied the action of drugs in the only rational way pointed out by him.

Unless men will take Hahnemann for their guide, *until he is found wanting*, the present coalition *in practice* between the homœopathic specifickers and allopathists will grow until we have, in medical science, a huge mongrelism revolting and saddening to behold. The *British Journal of Homœopathy* has some doubts whether the specifickers in homœopathy, *alias* the *large dose* men, who give, to cure the sick, *more* medicine than is required to make the *healthy* ill, be not already surpassed by those allopathists who, through the teachings of homœopathy, are now giving their medicines *alone*, and no longer mixing many together in the same prescription. I must confess that my experience of allopathy has not yet discovered this step towards reformation in drugging; nevertheless, were the fact established, mankind would not be one whit nearer being freed of the curse of drug-diseases. Single medicines in massive doses, with a system of alternation, produce as much—if not more confusion and mischief in the system—as ever allopathy has done. These homœopathic specifickers are the men, I presume, whom Dr. C.

is pleased to designate—"the liberal and progressive men in our school"—and he further tells us that "it is gratifying to know that the majority are such." That is to say, the majority of homœopathic practitioners are specifickers in homœopathy, anxious to form an alliance with their allopathic brethren, who despise them quite as *heartily* as they are *repudiated* by the Hahnemannians. No, no, Dr. Cockburn, mongrelism and fraud will never be embraced by those who have tested Hahnemann's homœopathy, and found it to be the blessed reality it is. It stands as firm as the ocean rock, in spite of its detractors. Most truly has Dr. Cameron written: "There must be some closer bond than mere community of name, to render men true brothers and friends; and as long as one party repudiates and wishes to sweep away as rubbish what the other party regards as of the utmost value, all calls to union are worse than useless." At last Dr. Cockburn has admitted that there are "two sections" in the homœopathic school, although in the very same paper he would imply his denial of such being the case. "This, like some other assumptions [of Dr. Cameron and myself], is purely gratuitous, and totally unsupported by evidence." I should think the evidence of Dr. C. Hering ought to be conclusive, if that of the *British Journal of Homœopathy* has not full weight with Dr. Cockburn on this point. I shall briefly quote, from the *American Homœopathic Review*, for the edification of Dr. C. and those of his order, Dr. Constantine Hering's testimony, as well as his opinion concerning "the liberal and progressive men in our school"—

"Yes, they even assumed to be critics of a higher order, who would not in blind admiration 'swear by the words of the master;' in short, as Hahnemann said, 'they stopped half-way' and completely misunderstood the great man in his entire scope and tendency. As it has frequently occurred in history the

half-and-half party has succeeded in winning the multitude to itself; it has become the majority; and all that, in our day, belongs to preponderating numbers—recognition, influence, power,—is at its command. In America it has even succeeded in fastening upon the people and making them believe the plausible lies, that the science has taken forward strides since Hahnemann's day, and that the old Hahnemannians are narrow and behind the age. These lies do not deserve a word here —it would be necessary only with very ignorant persons.

"But the half-way position of this majority calls for untiring admonition, from the fact that in consequence of its destructive teachings cures of the sick are much diminished in number, as the more honorable of their body must confess and have indeed publicly admitted.

"By the limited recognition of the Hahnemannian doctrine which the half-Homœopathists have chosen to adopt and to regard as 'scientific' they find themselves in a position of twofold difficulty. For their recognition is not sufficiently complete to enable them to imitate Hahnemann in his cures and thus console themselves by the *result;* but it is more than sufficient to make them participants in that odium with which we have always found and still find ourselves regarded in our relations with the old school. This explains their bitterness, which is directed more especially against the unreserved adherents and followers of Hahnemann. They really believe in sober earnest that if we should all, with one accord, follow their example, the unfounded hatred on the part of the old school would soon come to an end. This too is nothing new; it is the hereditary fashion of the half and half."

Most earnestly do I hope that Dr. Hering will continue his expositions until a distinct line of demarcation has been drawn between the homœopathy of Hahnemann and that specious mongrelism which its professors and advocates endeavour to bolster up under the cloak of science! It would require more space and time than I have now at my disposal to expose in detail all Dr. Cockburn's

unscrupulous misrepresentations, in which he seems to take especial delight, and in which he is perfectly welcome to indulge, so long as he does not compromise homœopathic truth. I have only to repeat the caution formerly given, viz., that all Dr. Cockburn's writings *in quotation* should be compared with the original version. Personalities will not turn me from the course I have marked out, until a reliable translation of the entire Materia Medica shall have superseded that made by Hempel. The most dangerous work of all, however, is C. J. Hempel's Materia Medica—being lectures addressed to the students of the Homœopathic Medical College, Pennsylvania—which has been re-printed in this country by the Chemists to the London Homœopathic Hospital. A member of the *British Homœopathic Society* has even been found to compile a Repertory to this worthless work, which he has the temerity to style "this incomparable Materia Medica of Hempel's—a work based on the philosophic explanation of the homœopathic law," and for which "a Repertory is needed to make it complete." *The British Homœopathic Society* will do well to look to the teachings of some of its members. Here we have the authority of this Society indirectly used, through one of its members, in the recommendation of a *fallacious* and most incomplete work for the teaching of Materia Medica; a work that *generalises* all the most important medicines to such an extent as to render them perfectly useless. It omits several entirely, and divests others completely of all "the minute symptomatology of the pathogenesis of drugs." It dispenses with "those cumbrous arrays of subjective symptoms that constitute our present Materia Medica." This endeavour to get at homœopathy by a short cut has been severely rebuked by the *British Journal of Homœopathy.* "This we have always held is a mere delusion, and we shall not cease to combat it as destructive of the real progress of

homœopathy." And most truly does the same journal write: "In conclusion, it appears to us that the Materia Medica is in a most unsatisfactory state, more particularly to the reader of English alone;" yet from the English *alone* we are having fallacious Repertories compiled! It is impossible to compile a reliable Repertory or Concordance until we have a perfect translation.

The excellent *Taschenbuch*, or Vade-mecum expressly compiled by Bönninghausen as a guide to the study of the Materia Medica, has not even been faithfully rendered by Hempel. He has omitted several paragraphs of the original. Dr. Roth of Paris has likewise mangled Bönninghausen's work. In many instances the German is most *inaccurately* rendered into French: yet he is one of the *Revisers!* of Hahnemann's Materia Medica and the provings of other labourers. *Exempla sunt odiosa!* Dr. Roth's erroneous version of Bönninghausen is, nevertheless, that which has been selected for translation into English under the Editorship of Dr. Laurie, and is much used by practitioners. In many instances this again has been very inaccurately rendered from the French! What does Dr. Cockburn think of all this error? Is it not needful that some honest men should stand forward and run "tilt" against such dangerous *book-jobbery*, that threatens the absolute deterioration of Hahnemann's blessed discovery, to the sacrifice of health. And occasionally, *it may be, that of life.* It is indeed to be wished that Dr. Cockburn could manage to "fill" his "soul with indignation" *only* on necessary occasions. If he will "strive" to do so, let me assure him that he will then best "maintain the honour and reputation of Hahnemann."

Let me be clearly understood on this point. I do not *blindly* accept the teaching of Hahnemann, or that of any other man, but endeavour to put his teaching into practice to the best of my humble ability; and if I can detect no

flaw in that teaching, I abide by it. I can solemnly assure my medical brethren that during seventeen years of the most varied experience, I have never *once* found Hahnemann's teaching to be incorrect. Dr. Cockburn, in his search for weapons wherewith to combat me, has fallen back upon *Hahnemann's Lesser Writings*, translated by Dr. Dudgeon. I am glad that he consults such an excellent work. From an article which Hahnemann addressed to the *allopaths* in 1801, when they were squabbling amongst themselves and abusing each other's *system* or doctrine, Dr. Cockburn with sublime *pathos* invokes the spirit of Hahnemann while he gives us a quotation intended to extinguish the Hahnemannians! It is to be regretted that he did not extend the quotation a few more lines, when he would have cited more to the purpose as far as homœopathy is concerned. We will finish it. "'Art thou of Paul, art thou of Cephas, or of Apollos'"—"Would it not be far better to say, 'Brother! what is the peculiar mode of action of cinchona-bark on the healthy individual? so that we may at length learn how to employ it with confidence in diseases, seeing that we have blindly wasted many thousand hundred-weights of it, at one time doing good, at another harm, without knowing what it was we did.' "Would it not be better to say, 'Dear colleague! let us together investigate and observe the many and various kinds of intermittent fevers, and let us unite in laying before the world the discoveries we thus make, as to which kind among them may be, *cæteris paribus, always cured* by *cinchona*, which by *sal-ammoniac*, which by *chamomile*, which by *ignatia*, which by *capsicum*, etc.'" This in continuation of Dr. Cockburn's extract from Hahnemann, although addressed to allopaths, in 1801!! is not the less appropriate for the bulk of the so-called homœopaths of the present day. From another article, "Nota Bene for My Reviewers," in the same excel-

ent work, I will give another quotation, still applicable, and which Dr. Cockburn and those of his order will do well to bear in remembrance, when acting the part of Critics! "*But I pray you to beware of playing false in the matter! all roguery comes to light, and leaves an unfavourable stigma behind it as a warning.*" Finally, in the same work will be found the rules, which cannot too often be repeated, for the testing of Hahnemann's doctrine. He assures us that if we will but "repeat the experiments," and "repeat them carefully and accurately," we will find his "doctrine confirmed at every step." Here are his directions, and the challenge by which pure homœopathy may receive its death-blow if it fails to stand the test.

"Take one case of disease after another, note it down according to the directions given in the *Organon,* specially in respect of all its discernible symptoms, in so exact a manner that the founder of homœopathy himself shall be unable to find fault with the minuteness of the report (of course any case selected must be one for which a homœopathic medicine is to be found amongst those medicines whose peculiar symptoms are known), and administer the most appropriate homœopathic medicinal substance that can be discovered, pure and unmixed, for the case of disease in question, in a dose as small as this doctrine directs; but, as is expressly insisted on, *taking care to remove all other kinds of medicinal influences from the patient,* and if it do not give relief, speedy, mild and permanent relief, then, by a publication of the duly attested history of the treatment *according to the principles of the homœopathic system strictly followed out,* you will be able to give a public refutation of this doctrine which so seriously threatens the old darkness." Let it be remembered, however, that Hahnemann took especial care not to have his doctrine tested by its results upon organic disorganizations and incurable diseases, although experience

has proved that in these also it has been found more than a match for allopathy. When reading Hahnemann, let us remember to keep his facts and principles apart from his *theories*,—advice which he himself has given us; and yet some of his commentators have written unkind words of that great man, by treating of his *theories alone*. Dr. Cockburn, to suit *his* own purpose, has partially and inaccurately quoted from one of the most illogical paragraphs in the whole *Organon*: "Every real [not "*such*"] medicine, namely, acts at *all* times, under *all* circumstances, on *every* living human being, and produces in him the symptoms peculiar to it (distinctly perceptible, if the dose be *large* enough), so that, evidently, every living human organism is liable to be affected, and, as it were, inoculated with the medicinal disease at any time, and absolutely (*unconditionally*), which, as before said, is by no means the case with natural diseases." (Paragraph xxxii.) With all due reverence to the memory of our Master, I beg most respectfully to say that Hahnemann's logic here fails him sadly when he gives us the premiss upon which he draws his conclusion. In paragraph cxvii. of the *Organon* he says: "That these potencies do actually make this impression on every healthy body, is shewn by this, that they render effectual homœopathic service as remedial agents, to *all* sick persons, for morbid symptoms similar to those they are capable of producing (though apparently only in so-called idiosyncratic individuals)."

It was unfortunate that Hahnemann indulged in any theories whatever after he had so sternly set his face against them. He would have protected himself from all misconstruction and misrepresentation had he merely left the fact as it stands thus: In *whomsoever*, as a prover, a certain drug symptom has appeared, *that* drug will prove curative *whoever* the patient may be that is afflicted with a disease manifesting *such* characteristic symptom. Of

course there must be a correspondence in the totality of the symptoms. In fact, Hahnemann controverts himself in other paragraphs. Dr. Cockburn will in the following find a corrective both for his own "misconception," and his misrepresentation in reference to what Dr. Henderson says.

In § cxxxiv Hahnemann says, "but all the symptoms peculiar to a medicine do not appear in one person, nor all at once, nor in the same experiment, but some occur in one person chiefly at one time, others again during a second or third trial, in another person some other symptoms appear, but in such a manner, that probably some of the phenomena are observed in the fourth, eighth or tenth person, which had already appeared in the second, sixth or ninth person, and so forth; moreover, they may not recur at the same hour." I might continue quoting in the same strain, but surely this must be enough; it confirms the propriety of my twice-repeated caution, viz., that readers must compare Dr. Cockburn's version of other men's writings with the original before they can form a definite and reliable judgment. Amongst other charges Dr. C. brings that of "evasion" against me. Nothing could have been further from my intention when I was endeavouring to save space already, through the kind indulgence of the editor of the *Monthly Homœopathic Review*, too long occupied with much worthless rubbish. Is it possible that Dr. Cockburn's "incomplete perception of what constitutes the necessary points to observe in proving a medicine and applying it to practice" is so thoroughly defective that he cannot understand what is meant by a characteristic?

The *British Journal of Homœopathy* says, in reference to my correction of Hempel's translation, that "*in eleven examples* [of 60 symptoms examined] *the alteration is so important as to restore the essential characteristics of the symptoms which had been lost by omission and incorrect*

rendering." Supposing a patient had presented herself before Dr. Cockburn labouring under a disease marked by one of those "characteristic symptoms," how would it have been possible for him to prescribe the only homœopathic remedy, seeing that the symptom had been *lost* by "*omission and incorrect rendering?*" Surely the dullest tyro will understand this. It would be little to the purpose were Dr. Cockburn to tell us that he would select another remedy, and say *that* was homœopathic to the case. Let us hear what Hahnemann says: "Any one who has a thorough knowledge of, and can justly estimate the remarkable manner in which the effects on the health of man of every single substance differ from those of every other, will readily perceive that among them there can be, in a medical point of view, no synonymous remedies whatever, no *surrogates*"—or succedanea—"that is to say, medicines that are equivalent, and capable of replacing each other mutually."—It is no wonder that he should find the scrupulous observance of Hahnemann's principles of practice, which I, perhaps incorrectly, call Hahnemannism, "a delusion." Dr. Cockburn tells us that the "Socratic method of argument is generally powerful and convincing," but that mine is "a *rascally* bad imitation of it." I am at some loss to understand this expression "rascally bad" as applied to reasoning, but if it has any reference to my want of clearness, I think the absence of lucidity in my critic is no less remarkable in the following extracts.

1. "Let no man belonging to any *section* dare to point to Hahnemann as having been a sectarian; he never was." I have always understood a sectarian to mean one who had departed from the established order of things. Did Hahnemann or did he not become the leader of a *sect* when he seceded from allopathy, which is unhappily to this hour the only legally recognized system of medical

practice? I thought Dr. Cockburn maintained that there existed but *one* section!

2. He begs to tell me and the "profession" that he is "quite well pleased with the Materia Medica *as it is*, until a better is produced," and that he has "never proposed nor offered any change upon it." Who ever said he had?

3. "Some who ought to be well qualified to judge *allege* [mark the word] that a vast amount of rubbish has found its way into the Materia Medica; that a large number of the so-called symptoms supplied by some of Hahnemann's provers are altogether spurious—pure fabrications—and ought to be expunged." This is kindly giving the dead ass another kick, although Dr. Cockburn from his own admission tells us that he is scarcely in a safe condition to lift his leg for *that* purpose. He says:

4. "I confess my *inability* to decide on this point, but have grave *suspicions* that the *allegation* is not without foundation." Dr. Cockburn does not inform us upon what *his* "suspicions" of the "allegation" rests. It would have been satisfactory had he informed us whether his non-acceptance of my challenge to compare Hempel with Hahnemann arose from a like "inability," or from his not choosing to "take the trouble," which the editors of the *British Journal of Homœopathy* very charitably consider "unfortunate."

Finally, Dr. Cockburn invites me to find out for him why some of his articles were not sooner published in the *Homœopathic Review*. If I can believe the evidence of my own senses Dr. Cockburn's qualifications as a detective are not at all inferior to my own, and therefore I do not think he needs the help he solicits. Without professing any prophetic intuition as regards the editorial mind, of which I have in former days however, had a little experience, I would ask Dr. C. whether the idea has never occurred

to him that the kindly disposition of the editor might probably be allowing the apologist of Hempel time for reflection before he burnt his fingers? Be that as it may, I would recommend to Dr Cockburn's notice a quaint Scotch proverb—

"He that winna be counselled canna be helped."

In conclusion, I beg to assure Dr. Cockburn that I am fully of opinion that no greater calamity could befall any one in this life than for him to believe that he got everything "all his own way."

"The Agitation of Thought is the beginning of Truth."—

But,—

"He that would eat the kernel maun crack the nut."

It occasionally requires a good deal of rough friction before the genuine spark can be elicited. Let us hope that our present efforts may in this direction prove successful.

As soon as Dr. Cockburn has seen that there is something more in homœopathy than a "mere community of name," and has given some proof that he is a true disciple of Hahnemann, I have no doubt that the right hand of fellowship will be cheerfully offered by those who now repudiate him.

CASE OF CINCHONA-POISONING.

By Dr. Gonzalez, Madrid.

On the 27th of October, last year, I was summoned to attend Mrs. E. L. de M., residing temporarily in this city, at No. 24, Rio Street. This lady, who was 24 years of age, of a lymphatic temperament and feeble constitution, had the appearance of one suffering from prolonged and deep-seated disease.

CASE OF CINCHONA-POISONING.

The following are the pathological phenomena, gathered from the patient herself:—

In 1861, whilst residing in a town of Andalucia, she was attacked by ague, or intermittent fever, which was treated by large doses of *quinine*. Although this drug removed the fever in a few days, her general health remained much impaired for some time afterwards. A gastric affection made its appearance, characterized by anorexia; foul taste in the mouth; burning sensation in the stomach; dyspepsia; costiveness; rheumatic pains in different parts of the body; general heat, with partial perspirations during the night, and great lowness of spirits. For the removal of these new symptoms, various means were employed, such as *cathartics, opium*, and other so-called "mild remedies;" but all were administered in vain; the disease became worse day by day. For a time the patient was treated homœopathically, without much relief, and was unable to continue the treatment, on account of her removal from that part of the country. After this she became pregnant, and suffered much during gestation, and in her confinement, and was unable to nurse her child.

In the summer of 1862, she placed herself once more under allopathic treatment. Her medical adviser thought her illness was the result of "heat of the blood" (*ardor de la sangre*), and recommended her to have recourse to the baths of the Guadalquivir; these, however, produced an effect contrary to what was expected, and aggravated the rheumatic pains already mentioned. She then returned to homœopathy, and obtained considerable relief. She soon afterwards left for Aranjuez, where she was again attacked by intermittent fever, and was once more treated with massive and repeated doses of *quinine*. This remedy removed the ague again, but left the patient in a miserable condition, and suffering from symptoms which I shall

CASE OF CINCHONA-POISONING.

mention hereafter. In this deplorable state she came to Madrid, to be treated exclusively on the homœopathic system.

The following is the pathological condition in which I found her at that time :—

Pallid skin, with a yellowish tint about the face; general emaciation ; eyes dull and sunken, with a dark rim under the lower lids ; anguished expression ; lips dry and cracked ; great heat ; the inferior extremities œdematous ; the borders of the tongue red, the centre white ; anorexia ; thirst, increased during digestion ; dyspepsia ; costiveness. The liver and spleen were not over sensitive, but a slight pain was felt, on pressure, in the epigastric and hypochondriac regions. The patient complained much of the stomach, where she felt an intense heat ; and was unable to bear any pressure around the waist. The above symptoms were accompanied by sleeplessness ; weak and small pulse; aggravations of fever during the night, terminating in copious perspirations. Perspiration came on, also, during the day, when she happened to fall asleep, whilst reclining in her easy chair, wearied by suffering. The patient also suffered from a pertinacious though not very troublesome cough ; strong rheumatic pains in different parts, particularly in the upper and lower extremities. The catamenia were generally profuse, bordering on menorrhagia, appearing always in advance of the ordinary time. The discharge was mixed with leucorrhœal and serous matter. Her moral state was lamentable in more than one respect : her spirits were depressed ; she was full of fears, and had not strength to walk, or even to nurse her baby, or to hold it in her arms. Her voice was weakened by her constant sufferings, and was hardly audible. Her husband and family were very anxious about her, and feared she would succumb under pulmonary or laryngeal phthisis.

CASE OF CINCHONA-POISONING.

Upon reviewing the symptomatic group above recorded, I felt convinced that I had to deal with one of those medicinal affections, which Hahnemann has described as being more difficult to treat than natural diseases. In fact, I had to combat the poisonous effects of *cinchona*, taken in immense quantities, during two different attacks of intermittent fever. The state of my patient recalled to my mind the description given by Dr. Nunez of the symptoms produced by the abuse of *cinchona;* the symptoms recorded by that physician, and those revealed in the present case are identical.

Having thus established my diagnosis, the selection of the remedy was the next step. *Pulsatilla* was selected, because it corresponds perfectly with the cause of the disease, and is, at the same time, the most efficacious antidote to *cinchona*. I therefore administered *pulsatilla* 200, three doses of five globules each, to be taken dissolved in two spoonfuls of water, every second day, an hour and a half before breakfast.

Four days afterwards, I saw my patient again, and observing that she had gained relief, in every respect, I allowed the medicine to act, and merely prescribed *sacch. lact.*

On my third visit, on the 3rd of November, I was struck by the progress of her recovery. The rheumatic pains had almost left her, and all the other symptoms were much mitigated. Her moral condition and her countenance were cheerful. I still continued the *sacch. lact.*, and did not interfere with the action of the *pulsatilla*.

On the 11th of November all the morbid symptoms had disappeared, except the perspiration, which, however, was much subdued.

On the 18th her condition was very satisfactory. She had gained strength, and was able to take an afternoon walk. The languid feelings were replaced by cheerful-

CASE OF CINCHONA-POISONING.

ness, and she was able to attend to mental and domestic occupations. The intestinal canal recovered its natural vigour, and resumed its daily functions. I continued the same prescription.

On the 28th the catamenia made their appearance naturally, and she gained flesh gradually; she attended to domestic occupations with pleasure; her appetite, however, became almost voracious, so much so, as to produce suspicions of worms in the intestinal tube, for which gave her *merc. sol.* 200, two doses of four globules each one dose to be taken immediately, and the other dose three days after.

On the 5th, 13th, and 20th of December, I had the pleasure to see that her health was in a normal state; and on the 26th I concluded my attendance, leaving a dose of five globules of *sulph.* 200, to be taken in eight days from that date, in order to destroy the predisposition to worms. She returned to Aranjuez with her husband and family.

The rapid recovery of the patient in this case, gave great satisfaction to the family. The case was from the first considered hopeless, because of the intensity and long duration of the ailment, and the supposed predisposition to consumption.

The above is one of the numerous cases of drug-poisoning often met with in our practice; difficult to treat, and generally fatal; records of the irrational therapeutics of the old school, against which we cannot raise our voices too high.

Finally, I would call the attention of my colleagues to the importance, shewn in this case, of allowing a well-selected remedy to act fully, without repetition or interference.—*El Criterio Médico.*

DISPENSARY REPOPTS.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE next meeting of this Association will be held in York on the 9th of October. Papers have been promised by Dr. Ryan, the President-Elect, and by Dr. Craig of Leeds. Gentlemen who may be desirous of joining the Association must be registered under the "Medical Act," and forward their applications, signed by two members, to Mr. Alfred C. Pope, 9, Bootham, York, on or before the 12th instant.

DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. DRYSDALE.
Consulting Surgeons—JOHN MOORE, Esq., and Dr. ROCHE.
Consulting Physician for Cheshire—Dr. WRIGHT.
Physician—Dr. BLUMBERG.
Surgeons—Dr. HAYWARD, T. H. WILLANS, Esq., and E. L. HUDSON, Esq.
Honorary Dentist—H. C. QUINBY, Esq.
House Surgeons—F. J. TUCKER, Esq., now Resident Stipendiary Physician, and Dr. SIMMONS.
Chemists—Messrs. THOMPSON & CAPPER.

The number of patients prescribed for at this Institution during the month of July was as follows:—

New patients	609
Old „	1932
Total	2541
The number of visits paid	437
The number of new patients visited	36
	3014

DISPENSARY REPORTS.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. WALKER, Dr. HARRISON, Dr. RAYNER, Dr. DRUMMOND, Mr. BLACKLEY, and Mr. HOWDEN.—Mr. E. CALVERT, House Surgeon.

President—JOSEPH HERON, Esq.
Treasurer—P. F. WILLERT, Esq.
Secretary—ARTHUR NEILD, Esq.
Chemists—Messrs. H. TURNER & Co.

Number of patients attending during the month of July ...	1677
Paying 1s. and 1s. 6d. per month.....	277
Admitted on Subscriber's recommendation	42
Visited during the month at their own homes.....	207

This Dispensary is open every morning from 9 to 11 (Sundays excepted), and from 7 to 8 on Monday, Wednesday and Saturday evenings.

CAMBRIDGESHIRE HOMŒOPATHIC DISPENSARY.

Physician—Dr. BAYES. *Surgeon*—Mr. FREEMAN.
Treasurer—ISAAC JOHNSON, Esq.

Extract from the Report to the Committee for the Quarter ending July 31st, 1863.

Number of patients under treatment during the Quarter ending July 31st, 1863	321
Admitted during the Quarter	186
Cured	99
Relieved	38
Result unknown.....	13
Died	0
Remaining under treatment on July 31st, 1863	171

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ADVERSARIA.

DYSENTERY TREATED BY PURGATIVES.

In Dr. Semple's "Report on Materia Medica and Therapeutics," in the July number of the *British and Foreign Medico-Chirurgical Review*, appears the following notice of a paper by Dr. J. Délioux de Savignac, "On the Use of Purgatives in the Treatment of Dysentery."

"After ipecacuanha, purgatives are the most suitable remedies for dysentery. Bretonneau was the first to demonstrate clinically the importance of this class of remedies in the disease in question; and mortality-returns, the relapses, and chronic cases, have diminished since the evacuant plan has superseded the antiphlogistic in the treatment. Purgatives, in fact, increase the peristaltic movements and the muscular contractions of the intestines, and afford a free passage at first to the matters, such as bile and excrement, which are accumulated in their cavities, and afterwards to the new products of secretion drawn to them by the dynamic action of the drugs; in other words, they re-establish the normal conditions of defæcation, they produce an afflux of blood and serosity, acting upon the liver, the orgasm of which they moderate, and upon the vascular network of the mucous membrane, which they disgorge of its contents; and lastly, they

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induce diarrhœa. But only mild purgatives shou
given, because it is essential not to irritate, and espe
not to inflame the intestinal mucous membrane.
energetic and irritating purgatives are not at all sui
in dysentery, such as colocynth, and croton oil; and
the resinous kinds in general do harm, such as j
scammony, and aloes; and calomel and rhubarb, v
are frequently beneficial, sometimes become dange
Dr. Délioux, in the choice of purgatives, prefer
phosphate of soda, the tartrate of soda, and the ta
of soda and potash, all of which exert a mild but a
same time an aperient action. Castor-oil is employe
Dr. Délioux very frequently, and the only objectio
its use is that it may be inadequate to the purpose requ
He does not much approve of the use of calomel, e
when it is necessary to act energetically on the bi
secretion when it has been obstinately suspended.
pills prescribed by Segond, physician-in-chief in F
Guiana, have been very much recommended by the F
medical practitioners in Cayenne. They consist
mixture of ipecacuanha, calomel, and the watery e
of opium; and although Dr. Délioux does not think
particularly serviceable in acute dysentery, he often
them with success in the chronic form of the disease.

What an example does Dr. Semple give us he
the absurdities and inconsistencies of so-called orth
physic! "After ipecacuanha," he says, "purgative
the most suitable remedies in dysentery." The
reason, Dr. Semple, why ipecacuanha deserves the
radix antidysenterica, is because it is itself a purg
and capable of setting up symptoms *like* those of dyse
Sir George Baker (*De Dysenteriâ*, 1761) and Dr. C
(*Mat. Med.* ii. 477) consider it to be of most bene
dysentery, when it acts as a purgative. Dr. Pereira,
quoting the opinions of these eminent physicians,

ARSENIC IN GASTRALGIA.

"But this can scarcely be its *methodus medendi*." Dr. Pereira has often tumbled into homœopathy by mistake, but here he is determined to eschew it, and looks round for some plausible theory. He found it to act in smaller doses than those that produce purgation—not less homœopathic on that ground—and he was "disposed to ascribe its efficacy, in part, to its diaphoretic powers. . . . . But its tendency," he remarks, "to produce an *anti*peristaltic movement of the intestines doubtless contributes to its antidysenteric property." How does the theory of Dr. Pereira tally with that of Dr. J. Délioux de Savignac, quoted by Dr. Semple? "Purgatives," Drs. Délioux and Semple say, "*increase* the *peristaltic* movements, and the muscular contractions of the intestines," and therefore cure dysentery; while Dr. Pereira, of equal repute, ascribes the cure of dysentery to the *anti*peristaltic properties of a purgative drug. Such are the evidences of a scientific medicine! "*Only mild purgatives should be given.*" We should think so, indeed; unless, having the eyes open to some suspicion of the analogy between the drug-action and the disease symptoms, it should happily occur to Dr. Délioux to reduce the doses of his remedies.

The worst case of dysentery we ever witnessed was caused by repeated doses of tartrate of soda (Dr. Délioux' favourite remedy for that disease), in the form of seidlitz powders.

ARSENIC IN GASTRALGIA: EFFICACY OF HOMŒOPATHIC DOSES.

Homœopathists have long been familiar with the beneficial effects of *minute* doses of arsenic in certain forms of gastralgia. We learn, however, from the *Revue de Thérapeutique*, that M. Millet, of Tours, has discovered that the efficacy of tris-nitrate of bismuth, in certain forms of gastralgia, is mainly owing to the presence of arsenic in the powder. If the bismuth is pure, it is worthless.

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M. Millet thus unwittingly bears testimony not only to the value of a homœopathic remedy, but also to the efficacy of exceedingly minute doses of that remedy, for tris-nitrate of bismuth often contains only the faintest trace of arsenic.

PROPHYLACTIC POWER OF INFINITESIMAL QUANTITIES OF IODINE.

"At a recent meeting of the French Academy, M. Chatin took an opportunity of again bringing forward his theory of the origin of bronchocele, and laid much stress on the importance, indeed on the absolute necessity of the presence of iodine in both air and water.

"The best, the lightest, and most aerated water," said M. Chatin, "is rain water, a fact demonstrated by the perfect health of the inhabitants of those districts in which it is exclusively used, and who are never liable to goitre or to cretinism.

"Spring water varies much according to the nature of the soil through which it has percolated, and from which it arises. Hence it is sometimes excellent, and sometimes unfit for use, and can neither be rejected nor adopted, in a general and exclusive manner.

"River water differs from the water supplied by springs, by its admixture with rain. In this circumstance, and to a considerable absorption of air, it is indebted for its good qualities.

"M. Chatin then expatiated on the connection of goitre and cretinism with the nature of waters, and described the geological peculiarities of bronchocele, which displays an unvarying dependence of the number of cases of goitre on the chemical composition of the waters, and especially on the presence or absence of iodine as an ingredient.

"The learned member criticised the various theories propounded on the pathology of goitre by MM. Grange, Boussingault, and Bouchardat, and more particularly con-

troverted the views of the last-named author, as to the influence of organic matter on the production of the disease. In support of his argument he adduced this remarkable fact, that the inhabitants of the Valais, amongst whom goitre and cretinism are so notoriously prevalent, use almost exclusively the waters of the glaciers, which are perfectly pure, and entirely free from all organic matter, whereas, on the contrary, the inhabitants of turfy valleys, who consume water loaded with organic deposits, enjoy entire freedom from bronchocele."

"Hence, remarked M. Chatin, in conclusion, the best, the only preventive treatment of goitre, is to use water naturally or artificially iodized."—*Journal of Practical Medicine and Surgery.*

The quantity of iodine in water is extremely small. Even the iodine-springs contain quantities almost infinitesimal. Thus, in the Leamington water (Robin's Well) the proportion is one of iodine to seven hundred thousand of water; in the old well at Cheltenham, one in four millions two hundred thousand parts; and in a brine-spring at Nantwich, one in eight hundred and forty thousand parts.

These proportions are to be found only in so-called iodine waters; but in common spring, river, or rain waters, the quantities are of course much less. The prophylactic powers of such minute portions of matter afford arguments in favour of our infinitesimal doses of medicine.

ON SLEEPING AND DREAMING.

By Charles Cobbe, M.R.C.S. Eng.

Sleep is described by physiologists as a temporary suspension of the sensory and motory functions caused by a certain condition of the nervous system induced by prolonged activity. Whenever the said functions are engaged

of digestion, is converted into fresh and nutritiou
and carried by the circulation into every part of th
the worn out and wasted particles being at the sa
carried off and got rid of by the various excretion
as during exercise or activity the waste is in exces
regenerative supply, it is only during rest that t
ous parts can be properly restored to a health
Now our limbs and muscles can be thoroughly
while we are awake, but the brain itself cannot be
it has been supposed that it is while the latter i
its necessary amount of rest that we are in th
known as sleep. All this seems reasonable enoug
as it goes; but, if true, how can we account
action of those parts concerned in respiration, and
movements of the ever-active heart, which nev
from the instant that the tiny organ, so soft and
first quivers into life in the unborn child, until, m
century afterwards, the tough and withered and h
thing—hardened indeed in every sense—gives
faint and feeble throb, and becomes an inert
mouldering clay? Dr. Marshall Hall says, " t
spinal system "—that which supplies these organs
petual motion with nerves—" never sleeps." W
should be we know not, for sleep is but one of th
inscrutable mysteries of our organization. Coma

—he cannot be aroused and restored to consciousness, as is the case in natural sleep: if such attempts be made, they are usually followed by increased misery and distress. Again, Dr. Hall supposes that sleep is always the result of congestion of the brain; and we constantly see how anything that causes this, disposes one to slumber, as intense cold, narcotic poisons, the breathing of impure air, a hearty meal, all alcoholic drinks, a recumbent posture, rocking or swaying to and fro with a gentle motion, and the like. In some, the complete absence of light and noise, in others, their unvaried continuance, is essential to sleep. Boerhaave tells us how the dropping of water on a brass pan sent a patient to sleep, after all other means had failed; and it is well known that monotonous sounds, amongst which too often may be enumerated the voice of the preacher, as well as the hum of bees, the rustling of leaves, the soft rippling of running water, or the hushing murmur of waves on the sea-shore, will often soothe us off in a most delightful manner, while their sudden cessation, when we are accustomed thereto, will as often cause us to awake, as the captain of a ship will start up if he misses the well-known step of the watch on deck.

Sleep is absolutely necessary to the due maintenance of health and life; we can no more exist without it, than we can without food or air; and this is the case not only with the whole animal kingdom—man, beasts, birds, and fishes—but even with the vegetable world. We can see this ourselves in many instances: leaves curl up, and flowers close their petals and hang their heads, during the hours of darkness, until the daylight rouses them into life, the foliage fluttering gladly in the sun's first rays, and the blossoms unfolding and sending forth clouds of their sweetest perfume as a matin-offering to heaven. This sleep of all living things, with some few exceptions, seems naturally to be connected with the diurnal revolution of

ON SLEEPING AND DREAMING.

the earth; but civilization has sadly interfered with this beneficent arrangement, to the detriment of our health and the shortening of our lives; for what benefit we should derive from avoiding for so many hours the highly impure air which is always produced by any kind of artificial light, while the All-wise Creator has so amply provided us with this great blessing in its purest form. At the same time we lose the best hours of the day—the early morning—when the air is clearer, fresher, and more uncontaminated than at any other time, and so much richer in those elements that give us health, and strength, and buoyant spirits. Yet it is strange how habit becomes a second nature, and how unnatural to most of us a retur to nature's hours of rest would seem; indeed, with man the hours that follow sunset are those wherein the intelle is brightest, and the capabilities either for work or f enjoyment at their highest point. I have even seen poor caged skylark fluttering its wings and singing gai at midnight, in the midst of a crowded thoroughfare, as it were soaring on high in the fresh air and bright su shine of its native fields. Flowers may also be impos on by artificial light and darkness; but they often make firm stand for a time in favour of their natural hours repose, persisting at first in going to sleep at sunset, no withstanding the means employed to make a false day a night. The little ortolan is more easily deceived; l feeds at daybreak, and by the alternate darkening a gradual lighting up of his cage, is deluded into the beli that this occurs every few hours, when down he com from his perch, and eats, and eats again, while, not bei able to take any exercise, he speedily "accumulates mu grease," and becomes sufficiently diseased with fat render him fit for the table of the epicure.

The average time required for sleep is about a third the twenty-four hours; but if a fair amount is procural

during that period, the hours at which it is taken do not seem to be of so much importance. The total amount of sleep actually required depends, however, much on the constitution, temperament, health, and habits of the individual; the briefest sleepers being generally men of the greatest mental activity. Frederick the Great allowed himself seven hours; John Hunter but five. Quin the actor, it is said, could sleep for twenty-four hours at one time; Dr. Read the metaphysician could eat as much food, and afterwards take sufficient sleep, to last him for two days at least. We read, too, of persons who have had the power of sleeping at will, and under almost any circumstances; great warriors and statesmen seem to be particularly favoured in this respect.

In some simple cases of sleeplessness, when the mind is perplexed with great anxiety, or pertinaciously dwells on one particular and exciting train of thought, if we can only fix our ideas on some frivolous or trifling subject, sleep will generally follow. Thinking of waving cornfields, of a flock of sheep going through a hedge, of smoke wreathing up the chimney, and the like, are very old remedies. Mentally repeating a series of doggrel rhymes, imperfectly remembered, is sometimes efficacious; and we know a certain busy barrister who can often coax the balmy god by going through the descriptive verses of a child's picture-book; the legend of the "Apple Pie," with variations of his own, is a great favourite with him. When the brain is much excited, plunging the hands and feet into cold water, and then rubbing them vigorously, or a dip into a cold sitz-bath, is often of great service. Wakefulness, however, is generally but a symptom of disorder or disease, and comes under the province of the physician; indeed, excessively prolonged want of sleep will produce some of the most distressing maladies to which we are subject, and is too often the precursor of

insanity and other serious affections of the brain. In mania, sleep is often absent for many weeks together.

So essential is natural slumber to us, that the inclination for it is often totally irresistible; no effort of the will can overcome it, especially when long deferred, and when the body is worn and wasted by fatigue. On long forced marches, whole companies of soldiers have been seen tramping on mechanically, all fast asleep. A sailor will lie down when thoroughly exhausted, and sleep soundly by the side of clanking pumps, amid the din of the tempest and the despair of his shipmates, even when the ship is foundering. The convict will sleep on the treadmill; muleteers and postillions will nod away unconsciously for miles, to the monotonous motion of their cattle. In the heat of the battle of the Nile, two boys were found fast asleep near the powder-room.

Dreaming is an imperfect sleep; but the true nature of dreams, and the accompanying state of the brain and of the human mind, are quite beyond our comprehension. In a dream nothing seems to surprise us, although all probability and possibility be thoroughly violated. The dead pass before us; the living take the strangest forms without losing their identity; and the events of many years are often crowded into a few minutes. From the connexion between the nature of a dream and some accidental noise, it would sometimes seem that the latter strikes the keynote of the whole. In a beautiful little poem lately published in one of our most popular magazines, is the story of a lady visiting the sea-side for the sake of her child's health. While lying by its side, she fell into a deep slumber. The grasping and ambitious character of her husband had led him into many wild speculations, until he had brought them almost to the verge of ruin; and *apropos* of their situation she dreamed a dream—of a bright summer morning on the tranquil sea—of an unquiet and

variable afternoon, wherein all the incidents of her own restless and unsettled life are brought before her, in every strange and fantastic form—of dreary hours passed all alone, and of long journeys to the world's end; then of a grand fleet of crystal ships with silken sails and flags, glittering and flashing like clusters of many-coloured gems set in a sea of gold and azure, as the rays of the setting sun dallied with their beauty—of her husband's form watching the sight in extacy—of a storm arising suddenly, and with its first angry rush shivering the fairy fleet to atoms, when the crash awoke her, and even while the perception of where she was, and that she was but waking from a dream, was becoming clear, another crash, louder than the last, caused her to start up with alarm. A puff of wind had burst open the slightly-fastened casement, and thrown down the bottles and glasses used for her child's medicine, and again banging back, had broken some panes of glass. She had been asleep for a few minutes only.

A soldier dreamed that he was caught napping on his post in time of war; of his arrest, escape, his wandering in the woods, his capture, imprisonment, trial and condemnation, and lastly, of his being led out for execution. His eyes were bandaged, and he knelt upon his coffin, and then he heard the rattle of musketry from the file of men who were to shoot him to death. He awoke with the sound still ringing in his ears, and presently heard the same noise repeated; it was caused by a boy rattling a stick upon the adjoining railings. There are few of us who cannot recall something of this kind.

The most wondrous and extraordinary dreams ever conceived are some of those mentioned in Holy Writ. Among more modern instances, the dreams of Emanuel Swedenborg are very remarkable. De Quincy, in his *Confessions of an English Opium Eater*, narrates some of

his dreams while suffering under the "pains of opium," in which there is a kind of sublime yet wild horror that is extremely striking; from one of these he starts up, struggling violently, and crying out in agony, "I will sleep no more."

From the very earliest ages, dreams have been supposed to convey some meaning to the dreamer, and to be capable of interpretation; and in the olden time this was a most profitable part of the business of those who made the "black art" their profession. Even in the present day, there are many books on the subject which command a ready sale. They are not, however, one bit better, and not half so amusing, as an old book published in London some two hundred years ago, entitled *Dreams and Moles, with their Signification*, of which the following is a specimen:—

"To dream of apple trees, or of eating sweet, ripe apples, signifies joy, pleasure, and recreation, especially to maids; but to dream of *four* apples only signifies contention and sedition. . . . . To dream you are arrested shows want of wit, and that the dreamer shall love fiddlers. . . . . To dream of the cordage of a ship, signifies news from debtors and factors. . . . . That a man is demoniac, or otherwise possessed of an evil spirit, shows he will receive benefit from his prince, and be long-lived. . . . . To dream of being carried away by the Devil is very bad: but no dream delighteth the dreamer so much as this, for being awaked he is ravished with joy. . . . . To dream you see yourself walking with the Devil, signifies much gain," &c., &c.

The consideration of the more supernatural phenomena connected with dreams, such as prognostications, warnings, and communications with the spiritual and invisible world, are beyond the scope of this paper; such works as Mrs. Crowe's *Night Side of Nature*, and a very similar book lately published in America, *Footsteps on the Threshold of Another World*, contain abundance of such wonders.

A QUESTION ON DOSES, DILUTIONS, ETC.

It often happens that events long since totally forgotten are, during sleep, turned up from the lowest depths of memory, and presented to the living mind; sometimes with the most important results.

(*To be continued.*)

A QUESTION ON DOSES, DILUTIONS, AND THE CHARACTERISTIC SYMPTOMS FOR THE SELECTION OF THE REMEDY.

Addressed by Dr. Bayes to Mr. Wilson.

It was with much interest that I read the "Case of Severe and Complicated Pneumonia, by Dr. Capper of Ipswich, concluded, with Remarks on a Characteristic Indication for the Selection of Lycopodium, by Mr. D. Wilson," which appeared at page 420 of the present volume of the *Review*.

The case is admirably reported; the symptoms, both objective and subjective, carefully recorded by Dr. Capper, by the lay-friend of the patient, and by Mr. D. Wilson. It ought, therefore, to prove one of more than ordinary interest and instruction; yet I confess to rising from its perusal with a feeling of very considerable disappointment.

I could but ask myself this question: "Where is the need to study physiology or pathology, if we are to be guided in the choice of our remedy by *none of these*, but by some little *characteristic symptom* in the treatment of a severe case of disease?"

On page 424, Mr. Wilson informs us that the symptom which decided him in the choice of *lycopodium* was "*the fan-like motion of the alæ nasi:*" a symptom in the treatment of which "*lycopodium*" *never deceived* him.

Granting this—and I am in no humour to argue the point—will Mr. Wilson inform us why he thought it

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needful to note for study (see p. 423) "*acon., arn., bryon., con., cup., dulc., euphras., lyco., magn. m., nat. mur., scill.*" Having once gained possession of the valuable knowledge which the "*fan-like motion of the alæ nasi*" gave him—a *lycopodium* symptom which *never deceived him*—why did he embark on the sea of doubt once more, and wade through the pathogenesy of twelve medicines, when he already possessed one which his experience had so strongly approved?

Are we never to arrive at certainty in the practice of physic? If the "*fan-like motion of the alæ nasi*" is a good and sufficient reason for giving *lycopodium* 200, let us recognise it and act upon it. When a man of large experience tells us that *when this symptom is present*, the action of *lycopodium never deceived* him, we ought to be able confidently to prescribe the *same drug* in the *same dose, whenever* we meet *the symptom.*

But it appears as if Mr. Wilson *had doubted his own experience*, since he found it needful to examine eleven other remedies before prescribing the *lycopod.* 200.

When I abandoned allopathy, now more than seven years since, it was because I was disappointed at the uncertainties and contradictions involved in its practice. When I embraced the practice of homœopathy, it was because it appeared to offer me a more certain and definite method whereby to treat disease.

I believe that the same reasons have induced many of our body, if not most of them, to make the same change in their practice.

Such cases as this related by Mr. Wilson must tend to discourage enquirers from following the same road. It is true that the result of the case was very satisfactory, *i. e.*, the patient recovered. The whole duration of the disease appears to have been eighteen days, and from the time when Mr. Wilson first saw her, thirteen days, during

which time she steadily progressed towards health. Yet I do not think it is very clearly proved that the recovery was *in consequence of* the action of *lycopod.* 200. Severe cases of pneumonia have recovered in less time under *aconite* and *phosphorus* in low dilutions. The age of the child and the acuteness of the attack would lead us to expect a rapid recovery, when once improvement had set in.

We want, as physicians, to be able to lay down more definite rules for the treatment of disease; more decided data as to the proper doses and the frequency with which they should be given.

Now Mr. Wilson informs us on page 422 that the same little patient had an *acute attack of dysentery* about three months previously to this attack of pneumonia, "*which yielded* to one *dose of mercur. corros.* 200 (Lehrmann's) which was allowed to act without interference."

Are we to consider it safe practice, in a case of *acute dysentery*, to give one dose (how much is a dose?) of *mercur. corros.* 200, and then leave the medicine and disease to fight it out?

But if *one dose* is sufficient to cure an attack of *acute dysentery*, and is to be allowed to act *without interference* (by which, I suppose, Mr. Wilson means without *repetition* of the dose), why is a case of acute pneumonia to be treated by *frequently repeated* doses of *lycopod.?* For instance, on April 15th Mr. Wilson says: "*five globules* of *lycop.* 200 were dissolved in an ordinary tumblerful of water, and one teaspoonful ordered to be repeated every two hours *until* the fan-like motion of the nostrils ceased, *then* to be repeated at longer intervals, until Dr. Capper pronounced the patient convalescent."

Will Mr. Wilson inform us what are the circumstances which are to determine us to give medicines in doses *repeated every two hours*, and what are those in which we are to give *one dose only*, and to allow that one

dose to act "without interference, as Hahnemann recommends."

Mr. Wilson has lately been inculcating the necessity for extreme exactitude in rendering the precise meaning of words and phrases in the translation of the Materia Medica from German into English.

The "fan-like motion" must not be translated "*turned over like the brim of a hat.*" This may or may not be a point of extreme importance; it is not my intention here to discuss it. But it appears to me to be of still greater importance, when we have decided that *lycopod.* 200 is *the cure* for *severe and complicated pneumonia* in which there is a *fan-like motion of the alæ nasi,*" to know whether we are to give "*one dose,* which" is to be "*allowed to act,* without interference, as Hahnemann recommends," or *whether* we are to give it *every two hours, as Mr. Wilson recommends,* and to continue it for many days.

Will some high dilutionist enlighten us on this point? Has Mr. Wilson discovered an improvement on Hahnemann's method? And if he has done so, how can we object to the practice of others who claim to have made still further improvements, by giving low dilutions and even massive doses?

One other question to Mr. Wilson. If we concede that the proper treatment in *acute dysentery* is *mercurius corros.* 200, one dose to be allowed to act without interference till the patient is well.

If we concede also that the proper treatment for severe and complicated pneumonia is *lycopodium* 200, every two hours, till the fan-like motion of the alæ nasi has ceased, are we to understand that Mr. Wilson's experience bears out Dr. Croserio's statement that *inhalation* cures "violent pleurisy" in "five hours?" (The name of the medicine or the dilution inhaled, are not given.)

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If these are ascertained facts, deduced from large experience, let us adopt them, strange as they may seem, but if they are merely records of certain coincidences, let us know, that we may shelve them with other "curiosities of medical experience."

It does appear strange, at first sight, that if Mr. Wilson believed that inhalation could and would cure *violent pleurisy* in *five hours*, that he should rest content with the cure of *severe pneumonia* in thirteen days with frequently repeated doses of *lycopod.* 200.

Perhaps inhalation has been found less efficacious in pneumonia than in pleurisy, if so, let it be so stated. I am sure that I express the feeling of a large body of men when I say that without full and thorough explanation such papers as the above-mentioned do harm; they unsettle our old belief without giving us the compensation of a new and better creed.

If it be safe to ignore pathology and physiology in the treatment of disease, let us, at least, have something definite and certain laid down in the new road we are exhorted to follow.

We are ready to accept the "*fan-like motion of the alæ nasi*," as the "characteristic indication for the selection of *lycopodium*," and to give it in the 200th potency, every two hours, in "severe and complicated pneumonia," if it can be proved that we *may rely* on it; if we may look on this as a *representative* case and not a mere accident. We are ready to give one single dose of *mercurius corrosiv.* 200, and no more, in acute dysentery, if it can be proved that it will suffice to cure in all similar cases.

Nay, we will give the patient, in *acute pleurisy*, a bottle of globules to smell at, if we are assured, *on good authority*, that it will cure the disease in *five hours*, the time reported in Dr. Croserio's case.

But Mr. Wilson's paper appears to bear such strong

internal evidence that all these results are *uncertain*, accidental, and *not even satisfactory to Mr. Wilson himself*, that we may fairly be excused for asking him how far he *really believes them himself*.

That he does not believe *inhalation* a safe mode of treatment in all *acute disease*, I hold to be proved by his ordering globules to be taken internally. Does he then disbelieve Dr. Croserio, whose wife's case was infinitely more brillant than Mr. Wilson's?

That he does not deem *one single dose* sufficient in all acute disease is proved by his ordering frequently repeated doses in the case before us.

That he does not believe in the infallibility of *lycop.* 200 in "fan-like motion of the alæ nasi," or in this being the "characteristic indication," is proved by his searching the pathogenesy of eleven other medicines.

What then are we to believe? Are we to rest satisfied with the uncertainty here detailed? Or are we to seek some more definite rule in the selection of our remedies?

I confess to preferring, in practice, to select my "characteristic indications," in accordance with physiological and pathological knowledge, wherever it is practicable; and I believe only in the stability of that homœopathy which is based on the correspondence between pathogenesy and pathology.

To me it would appear a rash and daring step to trust to the olfaction of a high potency to cure a case of acute pleurisy, or, to one dose of the 200th in a case of acute dysentery, but if a good series of well attested cases were shewn me in proof of these assertions, I would then not hesitate to test their truth. On less than high authority, founded on the frequent and extended experience of a well-known physician, I should decline to repeat what appears to me to be a hazardous experiment.

A CALENDAR OF CASES TREATED AT THE PENZANCE HOMŒOPATHIC DISPENSARY, DURING THE YEAR 1862.

By J. H. Nankivell, M.R.C.S. Eng.

(Concluded from page 544.)

J. W., aged 24. This girl has during the last two years had occasional advice at our Dispensary. She has (probably) miliary tubercles in both lungs, cough, and at times spitting of a small quantity of blood; pulse 110. It is evident that the left side the lung—which is at the apex very dull on percussion, and unresonant—has also some tubercles studding the pleura; at all events, this part gives out a different sound from anything I have ever heard in the chest, for during inspiration and expiration there is a rough rubbing sound given out, in an interrupted and rhythmical manner, so that each respiratory act is marked by ten or twelve of these pleuritic sounds. She takes *calc. carb.*, and at times *lycopodium*, and thus far has been enabled both in winter and summer to earn her livelihood by working at a mine.

N. M., aged 64. (Chronic dysentery.) This woman has an action of the bowels five or six times a-day, and has much pain in the rectum; she voids pus and blood. She took *arsenicum*, and at the end of a fortnight reported herself as cured.

R. T., a girl, aged 16. Had scarlatina four weeks since, and since has suffered much from pain in right side of chest. The pain is so acute that she cannot cough. Has a feeling of weight and pressure on the chest when lying down. She was ordered to take *bryonia* during a week; at the next visit she reported that she was much relieved. There was still a little pain in left side; this was dispersed by *arnica*. Cure.

J. V., aged 49. Is subject to a violent pain in the head.

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It comes on periodically; it generally lasts about six hours, and appears to come down over the forehead. It compels her to go to bed; if she did not, she would get an attack of vomiting. There is much pain in the eyeballs; the attacks are once or twice a week. Has had no medical advice for it for four years, but takes "Holloway's pills, King's pills, and Epsom salts"—*horribile dictu.* She took *glonoine* for a fortnight, with complete relief of all the symptoms.

P.S.—Early in January 1863, this patient re-applied, having suffered from a return of the pain in the head, but not to so severe an extent as before. She again took *glonoine* with prompt relief.

J. M., aged 27. Has for several years had occasional hæmoptysis. There is tubercular congestion in the apex of right lung. He has recently returned from the northern fishery (Scarborough). Whilst there, had a severe cough, and spat blood frequently; since his return, three weeks, has had occasional bleeding from the lungs. He took *arsenicum* for a fortnight with great benefit. The disease will probably return, but much can be done for the mitigation of such cases.

J. H., aged 22, a shoemaker, is the subject of chronic phthisis; disease principally in the right lung. The tubercular degeneration is remarkably slow; he has been ill for two years and a half, and has continued to work at his trade during that time. He has expectorated as much as half a pint of blood at one time, and has frequently brought up small coagula; pulse 100. He took *phos.*, then *calc. carb.* He continues up to the present time—January 1863—in much the same state as when he first applied.—I would here remark, that the cases of pulmonary tuberculosis which we meet with in this neighbourhood are for the most part extremely slow in their progress. During the last two years I have had to treat

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two patients labouring under this affection, each of them affording the most positive and infallible marks of consumption, and who nevertheless are at the present moment well able to attend to their daily avocations in business; and it is impossible to mark any downward tendency during that period. One of these had been under the care of my predecessor, Mr. Brown, for two years, and during the whole of that time was affected with the disease under which he still labours. If the climate of Penzance does not afford any evidences of its hygienic power in the eradication of pulmonary tubercle, it does give the most marked and satisfactory proofs that it is beneficial to the general health of consumptive patients, and that, as far as experience can teach, it may be considered to be salutary, and calculated to prolong the existence of such persons. The returns of the number of persons dying from consumption in this neighbourhood would be much less than they are at present, were it not for the prejudicial effects of the air in mines. This is (it is to be feared) the irremovable cause of so much consumption amongst the miners. It would be a very instructive branch of statistical enquiry, if the average duration of phthisis were made known as occurring in the different mining districts of England.

M. R., aged 30, married. It is only necessary in these briefly sketched cases to state that this patient has had during the last twelve months a tumour in each breast. These tumours are on the outer side of the nipples, and are slowly increasing in bulk; there is nothing of a malignant character about them, but they cause the patient great anxiety. She took *Hydrastis Canadensis* for a fortnight, when it was seen that the tumours had disappeared.

Another case of tumour of right breast in an unmarried woman, aged 50, is less manageable. There is a very

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suspicious hardness about it, and a thin, clear oily fluid like honey escapes from the nipple. There is not much pain, nor any affection of axillary glands. *Hydrastis* at first reduced the tumour, but after the administration of the medicine for two months, I have some doubts if it will fully succeed. I hope to refer to this case at some future opportunity.

W. T., aged 36, a well-known Cornish wrestler, has been brought up as a miner, and worked much under ground in bad air. He is a man of Herculean frame, and has won many a prize for wrestling, not only in the western counties, but also in London. He has worked in mines until April, 1862, when he seemed to take cold frequently; felt weak and could not "travel" well; his appetite failed him, and what he did eat was frequently rejected by the stomach. He was seen by two medical men, who thought that his lungs were "affected." Has a bad cough when he goes to bed, and afterwards vomiting; early of a morning a rage of cough, followed by sickness; pulse 100; has not spat any blood; the lungs do not at present afford any clear unequivocal marks of severe tubercular disease; apex of left lung is a little dull on percussion; the expiratory murmur is wavy; but there can be no doubt that this man is the subject of "miners' complaint," or in other words of chronic laryngitis. When he was last at our Dispensary he stated that he had received an order for admission into the Brompton Hospital, and that he should seek relief at that institution.

T. T., aged 56. Has during a part of his life been a fisherman, and consequently has had much watching and labour at night. I have remarked that our fishermen are very liable to affections of the brain and apoplectic attacks, although they are by no means addicted to drinking. During the present year two of them have died suddenly in their boats, neither of them being above the

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age of 60. These hardy fellows usually put out to sea of an evening and return of a morning, and are all the night engaged in fishing. They sleep during the day; but this so to speak unnatural life tells upon them in the course of years, and they consequently suffer from a variety of nervous affections. The case I have now to relate will illustrate these remarks. The man enjoyed pretty good health until two years since, when at times he would appear to be dull and stupid, did not reply to a question even when repeatedly put to him: this was especially the case after work: he leans forwards, falls into a close, snores heavily, and his face becomes livid, his hearing is less acute, and he does not smell or taste well. He has often a lightness and giddiness in the head, and the pain is so "awful" that he is compelled to shut his eyes. In the ears there is a noise as of drums beating. No sickness or vomiting. Has become very irritable and anxious about himself—(a neighbour of his suffered for some time from a disease of a like nature and has become imbecile). Pulse 80. He took Bel. for a few days and then stated that his head felt lighter and better, but he found that the act of sneezing produced much distress in the brain. Still feels an aching deadness over the brows, a droning sound in the ears followed by a singing; of an evening he feels a deadness over the right brow. To take Glonoine (3). A week afterwards he stated that he had felt a gradual improvement in all the symptoms, and that at present he had only an occasional pain near the right temple. He continued the glonoine for another week, when he reported that he was in good health.

P.S. I have seen this man to-day, Jan. 13, 1863, and he assures me that he has not had an ache or pain of the head since he was last under treatment. I omitted to state that he has been a tee-totaller more than 20 years.

R. A., aged 25. This man is the subject of a wringing

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colicky pain around the navel; it returns every day, and is so severe as to double him up. It lasts about an hour, after which he is pretty well again. The description given by the patient seemed to point very plainly to Arsenicum, which medicine he took with perfect relief.—Cured.

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Annals of the British Homœopathic Society and of the London Homœopathic Hospital. No. XIII. London: Leath & Co. 1863.

The periodical before us contains a considerable amount of interesting and valuable matter. A paper by Dr. Cockburn of Glasgow, on the dose, with the discussion excited by it; the address of the President at the last annual meeting; an unpublished letter of Hahnemann's; a lecture on the dose and alternation of medicines, and the report of a case of ovariotomy—a successful case, we are happy to be able to record—form the contents of the present number of the *Annals*. In the remarks we are about to make, we shall confine ourselves to Dr. Cockburn's essay, and the observations of those who took part in the discussion, with the comments upon it of the President in his summary of the work of last session.

The title of Dr. Cockburn's paper, "Is the Doctrine of Infinitesimals consistent with Reason and Experience?" is sufficiently startling. One would imagine such a query to be the heading of an article in reply to the onslaught of some allopathic opponent, rather than a subject for discussion in a society of medical men who for years have used infinitesimals at the bedside of the sick! But so it is. Dr. Cockburn, practically setting aside the experience, the clinical results, the practical observations of all homœo-

pathic physicians from the year 1810 to 1845, undertakes to shew that infinitesimals are inconsistent with reason and experience. Had Dr. Cockburn argued for the comparatively greater value of low than of high dilutions, or had he contended for the use of the former on the ground of expediency even, he would have found far more supporters than we believe he will do when he denies *in toto* the presence, in any form whatever, of any portion of drug in a globule saturated with the 30th dilution; when he refuses to admit the remedial power, under any circumstances at all, of such a dose. This is a proposition contrary to all experience, and *therefore* its maintenance is "inconsistent with reason." As a literary performance, Dr. Cockburn's essay merits high praise. Its argument, if faulty, is ingenious. It is thoroughly honest in purpose. And though here and there somewhat sneering in tone, the author is on the whole charitable and courteous towards those who differ from him. When we think how readily disputants on the dose question, and that which relates to the employment of so-called auxiliaries, have charged one another with impure motives in holding the views they defend—how frequently such discussions have been defaced by imputations of "fraud" and "mongrelism" on the one side, and of "evasion," &c. on the other, we cannot but rejoice at the style of Dr. Cockburn's paper, and at the feeling which prevailed during the interesting and animated debate to which it gave rise.

In reviewing "the origin and tendency of infinitesimals," Dr. Cockburn dwells much upon Hahnemann's success during the few years immediately following his announcement of the homœopathic law. During this period, when he employed comparatively large doses of medicines, Hahnemann was, we are told, more successful than during any subsequent part of his life. "His success then was the making of homœopathy. Every year's experience

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with these doses gave fresh proofs that homœopathy was true; and every year raised him in public estimation as a successful practitioner." Dr. Russell "heard this statement with astonishment," as during the nine years comprised in the period when Hahnemann used large doses, he had only eight or ten medicines proved; he consequently had not at his disposal means of success at all approaching those possessed by him twenty years afterwards. And again, the President, when criticising this observation of Dr. Cockburn's, shows that in these nine years Hahnemann lived in nine different places, most of them utterly insignificant; from which it may be safely inferred that his sphere of observation of disease was too limited to give him a chance of great success. But on the contrary, Dr. Quin remarks that "the actual time of Hahnemann's European celebrity did not really commence till after the year 1810, when he had published the first edition of his *Organon*; it went on increasing until 1843, when he died. He never went back to large doses. To this fact I myself can vouch. . . . . I can bear testimony to his consistent advocacy for the employment of infinitesimal doses, and to the eminent success which attended his treatment of the most complicated and serious diseases occurring in individuals of every nation and every clime." This testimony, while it completely destroys Dr. Cockburn's historical premisses, is in itself a sufficient vindication of the power of infinitesimal doses of rightly selected medicines in the cure of disease.

Dr. Cockburn, proceeding historically, endeavours to ascertain what reasons led Hahnemann to propose the adoption of infinitesimals. He traces their origin to a scheme of Hahnemann's, devised for evading the laws established to protect the interests of the apothecaries. Dr. Chapman, in his reply to Dr. Cockburn, attributes the infinitesimal dose to a pure Baconian process

of induction on the part of Hahnemann. In evidence he cites the well-known case of colicodynia, where a severe aggravation followed the use of a homœopathic remedy in an ordinary dose. Without denying that the remembrance of this occurrence may have had somewhat to do with the posological views he subsequently promulgated, it must be recollected that this case occurred in 1797, while we hear nothing of small doses until three years later; those employed in the interval being all large. The truth is, that we have very little material upon which to form an estimate of the mental process by which Hahnemann arrived at the conclusion that infinitesimal doses were adequate to the end for which they were given. Dr. Dudgeon very fairly reviews this question, and sums up his remarks in the following conclusions, at p. 397 of his *Lectures on Homœopathy* he says:—

"We are after all, then, only left to infer the reasons for this sudden change. These reasons I conceive to be as follows:

"1. An observation of the greater power of a medicine when given in solution than when taken in a dry state.

"2. An observation of the greater power of a certain quantity of medicine when given in divided doses than all at once.

"3. An observation of the greater susceptibility of the diseased organism for the medicine having a special or homœopathic relation to the affected part or parts.

"4. Some still obscure notions with regard to the increase in power of a medicine by thorough admixture of it with a non-medicinal vehicle, by means of succussion—a foreshadowing of the dynamization-theory.

"5. A desire to avoid aggravation of the disease by the larger doses; for he says, if any aggravations occur during the use of a small dose they will not last long, and are easily removable by some antidote.

"6. A desire to evade the persecutions of the apothecaries, who had begun to institute legal proceedings against him for infringing on their privileges by dispensing his own medicaments."

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It is manifestly unfair to regard the persecution of the apothecaries as having "everything to do in originating the infinitesimal dose;" while the success he met with in the use of it, and its obvious want of power to influence any but morbidly susceptible portions of the organism, fully justified him in continuing to prescribe it. Hahnemann's grand object was the cure of disease. To this he bent all the powers of a great mind; to this he sacrificed his physical comfort; to this he gave his entire life. And can we believe that so learned, so thoughtful, so industrious, so enthusiastic a devotee of the healing art would have persisted in reducing the dose of his medicaments, had he found their utility to diminish in proportion? To do so would be inconsistent alike with reason and experience.

Dr. Cockburn, in considering the share the occurrence of medicinal aggravations had in the diminution of the dose, denies that they had any, because in some instances these aggravations have been found to be greater when high dilutions have been prescribed, than when more tangible doses have been given. Such may have been the case occasionally in highly nervous subjects. Dr. Cockburn gives some two or three such instances, and from these two or three deduces the argument that all high dilutions act simply by exciting the imagination, without having any influence on the disease. It will require far more proof than Dr. Cockburn has brought forward, before we are able to admit this conclusion as a *fact*. Hahnemann in the *Organon* states, and states truly—consistently with both reason and experience—that "the smaller the dose of the homœopathic remedy is, so much the slighter and shorter is the apparent increase of the disease during the first few hours." Dr. Hale and Dr. Chapman both gave instances where, though the patients were unconscious of the medicines they were taking, they were from the

character of the aggravation able to name the drug, from previous experience of it in the quantities usually employed by allopaths. In a similar case that has come under our care, the patient can tell the most infinitesimal dose of *bryonia* by its influence on the uterine system. These cases may be said to be idiosyncracies, and therefore no guides in practice. This is true; but they demonstrate the presence of medicine in the high dilutions, and are evidence of its power over the animal economy. Dr. Cockburn concludes this section of his essay with a paragraph, the tone of which we regret, and the injustice of which is palpable to all who are at all acquainted with the clinical results of homœopathy during the last sixty years. He says: "Those who wish to cure disease by acting on the imagination, will find the 30th or any higher potency a most suitable dose, there being no fear of such doses interfering in any way with either biological or magnetic influences. But those who believe that drugs, when properly given, have the power of curing all curable diseases, should see to it that in the treatment of disease they are really using drugs, and not mere names." The reply of Dr. Wyld to this assertion will be endorsed by almost every homœopathic practitioner of a few years' standing. He says: "Any one who has had an opportunity of judging, must know that many cases of disease have been cured by our highest dilutions, which remained uncured by allopathic drugs, and low dilutions of homœopathic remedies; although it was true that the converse was sometimes the case." During the last two years we have met with three cases of epilepsy; in each, *ignatia* appeared to be the true similar. It was administered in the first dilution, in the pure tincture, and in pilules of the 3rd, without any advantage. Globules, however, saturated with the 30th dilution, have apparently cured all three.

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In further support of his thesis, that infinitesimals are valueless, Dr. Cockburn selects four diseases in which he states that he and others have found the appropriate homœopathic remedy unavailable in high dilutions. *Drosera*, Hahnemann says, cures whooping-cough in the 30th dilution. Had Hahnemann not neglected his own rule of individualising cases of disease he would not have made this statement. In a *certain epidemic of whooping-cough* Hahnemann had found *drosera* specific, and the 30th dilution sufficient for the dose. His error lay in concluding that the same medicine would be suitable, and the same dose curative, in all epidemic or sporadic cases of the same disease. Epidemics of the same affection will, and do, differ in many essential particulars. Our business as homœopathists is to treat each epidemic as a fresh disease, to study each anew. So with individual cases of a given disease, each must be treated according to its own peculiarities and not solely with reference to those features which may be common to all forms of it. To the statement that syphilis cannot be cured with a high dilution, Dr. Hale and Dr. Drury retorted the fact that they had so cured it. In cholera, Dr. Cockburn says that *camphor* is prescribed by Hahnemann in heroic quantities. It may be replied that so evanescent a medicine is almost impossible of retention in either dilution or in globules. In the epidemic of 1854, Dr. Hayle used high dilutions of *arsenicum, veratrum, cuprum*, &c., with marked success in Newcastle; a town where, it will be remembered, the disease prevailed with unusual virulence. But supposing that Dr. Cockburn had supported his facts here by an array of evidence incontestable, he is not warranted in concluding that the 30th potency "has no effect in general use—no effect in any." Take the whole range of strumous diseases, and what homœopathic practitioner cannot recall the surprising results of high dilutions

of *calcarea carbonica, silicea, lycopodium, graphites,* and similar drugs in the treatment of them? All experience proves that Dr. Cockburn has attempted to demonstrate that to be truth which is in reality a fallacy.

The next fault charged against the use of dilutions in any form, and on any scale, is that of having produced disunion amongst us. Poor human nature has more to do with this unhappy state of things, than any dilution however high or however low. But notwithstanding our want of unity, we cure more cases of disease, and that more rapidly and more thoroughly, than our allopathic brethren do. This result would seem to show, not that high dilutions are powerless, but that the pure homœopathic specifics will cure in almost any dose.

We have a law for the selection of the right medicine; we have none to guide us to the appropriate dose. This Dr. Cockburn laments, saying: "Hahnemann discovered the law which guides to the choice of the right kind of medicine; it is for us to discover the law which guides to the choice of the right quantity. Let us strive to accomplish this." Very true; but Dr. Cockburn sets out on his proposed task by declaring a large proportion of the observations from which such a discovery must be deduced, to be *no real observations at all.* The practice of homœopathic therapeutics must be begun again. All cases hitherto recorded, or nearly all, are fallacious! This is rather too much to expect from those who are daily verifying these much decried records of results.

Dr. Cockburn next assures us that the doctrine of infinitesimals is unscientific because incomprehensible. This is a very old story. Dr. Wyld appropriately answers it in the remark: "many facts in science are, *to the limited nature* of human thought, quite incomprehensible." Just so; how the 30th dilution of *calcarea* can have any remedial power will never be realised by sitting thinking it

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over by a snug fire. But the fact that it has may be proved any day in a case of disease to which that marvellous medicine is homœopathic. It is further unscientific, says Dr. C., because to prepare the 30th dilution is impracticable, and the existence of the infinitesimal particle is uncertain. If it were impracticable and uncertain, how comes it to pass that the 30th will cure where the 6th, 12th, 18th, or 24th even will not? and that such is the case, in a few instances, we have well supported facts to prove. They are few certainly, but sufficient in number to show that the medicine is in the form in which it is alleged to be.

Dr. Cockburn concludes by declaring that the doctrine of infinitesimals involves an absurdity. It involves nothing of the kind. It is a fact; an amply proved and well substantiated fact that infinitesimal particles of matter do, under certain circumstances, influence the human organism. A fact such as this cannot involve an absurdity. That doctrine can involve no absurdity which, though perhaps contrary to *à priori* reasoning and probability, "is a doctrine proved to be true by the daily experience of millions of educated and intelligent men and women throughout the civilized world."

Throughout the whole of his essay Dr. Cockburn has not brought forward a single argument or fact invalidating the experimental investigations which have proved the therapeutic power of infinitesimal doses. These investigations have been made at the bedside, in innumerable instances, and under every variety of circumstance. They have been made over and over again by medical men, who would willingly have embraced the opportunity of showing the small dose to be a failure, to be inconsistent with experience. The results have almost invariably been that those who in this spirit have experimented have been compelled by the simple dictates of common honesty to

acknowledge that their preconceived opinions were erroneous, that they would not bear the test of experiment. Dr. Cockburn sneers somewhat at experience as a basis for the foundation of scientific truth, and most unwarrantably compares the assertions of Morrison and Holloway—assertions which have never been borne out by others—with the careful observations of Hahnemann and his followers, observations which can be repeated with similar results by all who will make them with sufficient nicety and ordinary care. "Experience," says Dr. Cockburn, "is the test and touchstone of system and of science." This is true, but it is not the whole truth. Experiment is the *foundation* of science, it is the source of all scientific truth, its only real basis. Most justly does Dr. Russell describe this "strange essay" as "an anachronism." "It should," says Dr. Russell, "have appeared sixty years ago; but this is not far enough back to thrust it; it ought to have appeared at least two hundred years ago, for it is really the paper of a schoolman before the time of Lord Bacon. Its fundamental doctrine is, that we are to find out, by our unassisted reason, what ought to be true, and to deny everything which does not square with our preconceived notions; we are to deny that there is any virtue in a dose of the 6th dilution, because we do not understand how there should be any. Such were the systems of philosophy before the time of Lord Bacon. They were presumptuous and barren. His system is more modest. He tells us to observe phenomena first; to attempt to explain these phenomena afterwards. Hahnemann was his disciple; he was content to observe and to experiment. The fruits of his observations and his experiments have grown into a system of practice called homœopathy."

Dr. Cockburn's paper has, however, done great good. Published in a separate form, its erroneous data, specious

argument and logical appearance, might have done injury to the science of medicine, but followed as it is by the *thorough* replies of able, honest and zealous members of the profession, receiving as it does so complete an *exposé* of the sandy foundations upon which its conclusions are built, it will do much to establish the soundness of our position; the evidence it elicited conclusively proves that the infinitesimal dose is *not* inconsistent with reason, and that it is not only consistent with experience but is based upon experiment.

The concluding remark of the Chairman—Dr. Chapman—is well worth remembering, and with it we bring to a close our review of Dr. Cockburn's extraordinary contribution to *The Transactions* of the British Homœopathic Society. Dr. Chapman says, "We must not relinquish accurate observation and large experience for the pursuit of a phantom, born of the crude fancies of a metaphysician. The experience of homœopathists in general during the last sixty years is worth infinitely more than crude assertion or idle theory."

PHYSIOLOGICAL EFFECTS OF THE BROMIDE OF AMMONIUM.

At the meeting of the British Association, Newcastle, Dr. George D. Gibb read the following report on the Physiological Effects of the Bromide of Ammonium :—

Bromine and its salts have been known for many years to possess considerable virtues, and some remarkable instances of their peculiar effects, physiological and medical, have been placed upon record. Amongst others, the power of absorbing hypertrophied structure has been observed, especially enlargements of the spleen and liver, lymphatic glands, and schirrhous growths. In an excellent essay, by Dr. R. M. Glover (at one time a resident in Newcastle, and afterwards in London), published in the *Edinburgh Medical and Surgical Journal* for October 1842, there

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is a list of the diseases in which either bromine or some of its preparations have been employed; but amongst the latter the bromide of ammonium is not mentioned. The salt hitherto, it may be said, almost solely, in use, has been the bromide of potassium, considered by many physiologists analogous in its effects to the iodide of the same basis, only that it is slower in its action. The persons whose names are deserving of mention in relation to the potassium salt, are the late Dr. T. Williams of London, who found it of great benefit in enlarged spleen; Pourche, who treated bronchocele and scrofula with success; and in a number of cases of pseudo-membranous disease, including a few of croup, M. Ozanam found it of especial value. Cancer is another disease successfully treated with it by Mr. Spencer Wells, in doses of five or ten grains, thrice a-day, with cod-liver oil (*Medical Times*, July 1857, p. 31). In the course of its use M. Huotte observed that anæsthesia of the fauces was a result which its administration caused, and this circumstance, at first looked upon as objectionable, I have endeavoured to turn to account as a physiological result of extreme value and importance, in the practice of medicine, either in examinations of the throat and nostrils, or for the performance of operations upon either, or in the interior of the windpipe from above by means of the laryngeal mirror. To effect this object the bromide of potassium was freely given internally, in large doses, but it failed to bring about this result unless in a very few instances, its action varying according to the idiosyncrasy possessed by the individual experimented upon. Its local action, although perhaps a little more certain and decided, was not to be relied upon. On looking through the other salts of bromine, none seemed likely to possess more of the anæsthetic power than that of potassium; having had some experience, nevertheless, of the reliable value of the preparation known as the iodide of ammonium, it struck me that the analogous substance, bromide of ammonium, might prove more efficacious than the potassium salt. I was not aware at the time it was employed for photographic purposes, probably more or less impure, but had the salt carefully prepared for my experiments by Messrs. Fincham, of Baker-street, London. The

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bromide of ammonium, when pure, is perfectly white and amorphous, with a feeble odour of sea weeds. Under the microscope, the salt is clear and transparent, and not crystalline nor diliquescent. It can, however, be crystallised in cubes or quadrangular prisms. It possesses a slightly pungent, saline taste, not so sharp as that of common salt, nor so acrid as the bromide of potassium. Agreeably to the request of the General Committee, I have performed a large number of experiments since bringing the subject before the association last year at Cambridge, but the present report combines the whole of the more important of my experiments from the first use of the salt, and from which are deduced its physiological and therapeutical properties. In pursuing this inquiry, the salt has been administered in small doses at intervals more or less long continued, in large doses frequently repeated or given at intervals, and in single daily doses. A comparison is also instituted between the relative effects of this salt and the bromide of potassium. It may be mentioned that in these different experiments healthy persons were selected, and according to the results obtained, so were certain diseases submitted to treatment to more fully bear out and confirm the physiological effects noticed.

Effects of Small Doses.—About one hundred healthy persons, male and female, of various ages, were given small doses of the salt, ranging from one to five grains, three times or more a-day, in water as a vehicle, and in some combined with a simple colouring agent such as the tincture of alkanet-root, or other substance. The period of its continuance varied from three weeks to several months, and the results were carefully noted. All were in tolerably good health or nearly so, or if affected with any particular ailment, it did not appear to be likely to interfere with the action of the drug. Two striking results were soon noticed in the greater number, namely, increase in the power of the appetite, and improvement of the complexion. With regard to the former its action was that of a decided tonic, for whilst the persons ate more food, they were able to digest it well, the drug appeared to impart a soothing and comfortable sensation.

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There never was any tormina, nor the slightest tendency to intestinal relaxation, but the general functions appeared to be regularly and consistently performed. The tongue assumed a natural and clean appearance and was moist, the skin and mucous membrane (presently to be noticed) performed their functions well, the circulation was not increased nor lessened, the heart's action continued regular, the pulse possessing good power and volume, and comfort was experienced after meals. If there were indications of indigestion or dyspepsia before the use of the salt, they yielded to the small doses given. In six or seven cases a mild diuretic effect was observed. If the small doses were continued for some time, these effects were not always continuous, and in a few persons slight nausea was produced with an impairment of the appetite. This was especially so if the drug was given in four or five grain doses. In three cases only was there a little headache with giddiness and light-headedness, but the intellectual faculties were unimpaired. Coincidently with the increase of appetite was a marked cleaning of the complexion, especially observable if the face was naturally florid or the skin very red. This redness or floridity became paler, decidedly paler, and the skin assumed a fine transparent freshness indicative of healthy function. Dinginess, slight sallowness, or a heightened complexion became modified or altered, so that a more healthy, slightly pink colour was assumed. These effects were noticed sometimes when the salt had been taken but a few days, and the improvement in the skin was so apparent that it has attracted the notice of the friends of the persons under experiment.

Local and Constitutional Effects on the Mucous Membrane.—If the mucous membrane of the mouth and throat has been dry, or secreted less than natural, a healthy moisture is produced by small doses internally, which has proved very agreeable. In an instance where the taste was blunted and impaired, so that the rapid character of the solution employed locally was not noticed, it almost immediately improved, and became more sensitive to impressions. This is known to be the reverse with salts of

iodine, which often produce a disagreeably bitter taste, pervading in some instances almost everything swallowed.

Effects of Large Doses.—It may be as well to mention here that the experiments of M. Huette with the sister salt, the bromide of potassium, went to show that headache was sometimes observed on the second day, but ordinarily appeared from the fourth to the seventh day, when the daily dose of the salt had reached from two to five drachms. According to its continuance in large doses, so were produced torpor and drowsiness, lowering of the pulse (40 to 48), vomiting, and continued sleep; and finally, a form of peculiar intoxication, characterised by impaired sight and hearing, utter helplessness and insensibility. Weakness of the mind and torpor of the genitals were other effects noticed. Among the special effects of the salt, one of the most remarkable, even from a feeble dose, observes M. Huette, is profound insensibility of the velum and pharynx, which persists throughout the duration of the treatment. How far the bromide of ammonia resembles the potassium salt, the following experiments will determine. Huette's experiments with the latter show well its influence upon various parts of the mucous tract, although he says nothing about the skin. M. Rames, however, observed an instance wherein the skin was so completely insensible that its puncture with a needle was not felt, and tickling of the fauces with a feather produced neither vomiting nor the desire to vomit. It was soon apparent in my own experiments with the bromide of ammonium that the entire mucous tract could be greatly influenced for good or for evil, according to the desire of the physiologist. And yet, with proper care and judgment, we are furnished with an agent in this salt which promises to be of immense benefit to suffering humanity in many obscure and heretofore intractable diseases. After enumerating a large number of experiments, Dr. Gibb went on to show the effects on atheroma, cholesterine, and fat, in the general economy. Whether given in small, frequently repeated (two to five grains thrice a-day), or in moderately less frequent doses (five to ten or fifteen grains once to three times

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a-day), a decided influence was noticed upon the various agents which more or less constitute the adipose element throughout the body, a result that at first was quite expected upon my part. Various degrees of rotundity, increasing to positive corpulence or polysarca, in persons otherwise in good health, yet in whom there was a decided and positive indication of excess of atheroma and cholesterine in the system manifested by the presence of the atheromatous expression, were sensibly affected according to the period of administration, the dose, or the combination of this drug with a certain dietetic regimen. Of some five and thirty cases, in which corpulence may be said to have been present in various degrees, in all, with some five or six exceptions, did the bromide of ammonium exert a decided effect in diminishing weight and improving the general comfort; that is to say when this agent was persisted in for some months, and in doses of three or four grains twice or three times a-day, several pounds in weight were gradually lost, and the individual seemed to get thinner; nevertheless, the general health continued unimpaired, or improved still further under its use, the adipose development became decidedly less, the secretion from the oily sudoriparous glands, seen in a shiny face, was modified and diminished, and altogether there was an improved appearance in the countenance which the persons themselves were fully sensible of. But, when the diet was moderately regulated, and the drug given in the mornings only before breakfast, the reduction in weight was more speedy, more decided and permanent, and the general health continued excellent. In most of my earlier experiments, the pure bromide of ammonium was used to bring about these various results. The length of the present report will permit of a brief notice only of the nature of the salt in the treatment of disease. As is the case with the salts of iodine in absorbing hypertrophied structure, so it is with those of bromine, and the bromide of ammonium is not inferior to any other preparation in its powers in this respect. The iodide and bromide of ammonium possess this property, and possibly the chloride of ammonium hereafter may be found also to possess it, for it is well known that between chlorine, bromine, and iodine, and

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their compounds, exact and (as it has been said) beautiful chemical relations subsist. With regard to chlorine, the fact is deserving of remembrance, that persons employed in bleaching factories lose their fat or other hypertrophied tissues, and become thin, without impairment of their general health. As an absorbent and resolvent, the bromide of ammonium has been used in hypertrophy of the tongue, liver, spleen, heart, thyroid and other glands, and other parts of the body, with fair results; and it is strongly recommended for trial, more especially in hypertrophy of the spleen, heart, and early bronchocele. To obtain its good effects, it should be given with comparatively few combinations, for the union of its constituents, although by no means readily broken, is, at any rate, influenced by certain substances, which negative its properties. Incompatible substances must especially be avoided, and the antagonism between it and salts of iodine must not be forgotten. Not the least of its advantages is, that it can be given in those constitutions wherein the preparations of iodine disagree.

General conclusions.—These may be stated as follow—In small doses, more or less long continued, bromide of ammonium acts as a tonic and absorbent, and exerts its peculiar properties upon the skin and mucous membrane. 2. It diminishes the weight of the body in polysarca, causing the absorption of fat, cholesterine and atheroma, when combined with a regulated diet; and this is effected with greater certainty than any other known substance. 3. It improves the intellectual powers, increases the bodily capacity, and promotes healthy function. 4. Locally, it possesses a soothing influence on the mucous membrane, and, according to the strength and mode of its application, so does it diminish sensibility. 5. In large frequently repeated doses, or given at intervals, it influences the entire mucous tract; it affects all the special senses, and produces anæsthesia or impaired sensibility of the various mucous outlets. 6. All the poisonous effects are produced by very large doses, as from the bromide of potassium, but in smaller doses it is more certain and reliable, causes no diarrhœa or diuresis, nor anaphrodisiasis, and its special properties are exerted sooner and with less inconvenience.

ALTERNATION OF THE REMEDY.

Extracts from Dr. Quin's Address at the Annual Assembly of the British Homœopathic Society, 1863;

ALSO

Extracts from Dr. Russell's Lecture "On the Dose and the Alternation of the Medicine."

With Brief Comments by D. Wilson.

In the last number (Sept. 1863) of the *Annals of the British Homœopathic Society and of the London Homœopathic Hospital*—published quarterly—the profession and the public have a glimpse of the ugly and very unsatisfactory state in which British homœopathy stands at the present time in this country. The first paper, by Dr. Cockburn, "Is the Doctrine of Infinitesimals consistent with Reason and Experience," will, with the discussion that followed, fully open the eyes of the intelligent public, if they have not been already opened, as to the nature of the *so-called* homœopathy, now very generally practised, when compared with *that* Noble Science and Art which Samuel Hahnemann bequeathed to suffering mankind. I shall not trespass on the pages of the *Homœopathic Review* with any lengthened observations of my own, which require to be embodied in another form after mature deliberation. A subject of such vast importance as the distinctive difference between the homœopathy of Hahnemann and *that* which passes current at the present day demands our deepest reflection.

There are, however, in the *Annals* one or two points of pressing moment that require early notice, as they are calculated to spread and establish erroneous notions with regard to the practice of Hahnemann. These are contained in

Dr. Russell's Lecture,

touching the subject of "The Dose and the Alternation of

the Remedy." We give priority of consideration to Dr. Russell's lecture as it was delivered previous to the Annual Assembly of the British Homœopathic Society, when Dr. Quin wound up the *Session* by his address. The teaching in the very words uttered by a lecturer at the London Homœopathic Hospital may be of infinite *importance* to humanity, no matter whether six or sixty persons constitute the audience. When the same teaching and doctrine, however, appear in print and are widely circulated, under authority as it were, then the question becomes more serious and demands immediate examination. It seems to me matter for regret that there does not exist between editors of homœopathic journals some harmony and reciprocity of action, by which each journal or paper might embody in its letter-press the contents of articles printed in other journals devoted to the propagation of the same truth. Such an imperishable Index would inform those who only read *one* journal as to what was going on, and show them that however *isolated* they might be in situation, or limited in the range of homœopathic literature, that the latter is not confined to a *narrow circle.* I have been led to these reflections in consequence of the subject of alternation, as *said* to have been practised by Hahnemann, having been briefly yet very lucidly handled by Dr. Carroll Dunham in the June number (1863) of that excellent periodical, *The American Homœopathic Review;* an article which Dr. Russell seems to have overlooked, otherwise he surely never would, as editor of the *Annals,* have allowed his lecture to have gone forth without a note on the subject. Had the plan I propose been in force—a reciprocity of action between homœopathic journalists—Dr. Russell could not then have committed such an oversight. At page 530, Vol. III, of the *American Homœopathic Review,* Dr. C. Dunham thus writes:—

"*Alternation* and *succession* of remedies are not generally

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understood to be identical processes. By alternation, we think, practitioners generally understand the prescription, at one and the same time, of two or more remedies to follow each other at short intervals, the symptoms of these remedies taken *altogether* being thought to cover the symptoms of the case more completely than those of either remedy *alone* would do. The prescription is the result of one single examination of the patient and of one single comparison of the symptoms with the Materia Medica.

"But when a succession of remedies is given, in either an acute or a chronic disease, the understanding is, that, the first remedy, having been carefully selected, is allowed to exhaust its action alone, and *then* a collection of the symptoms which the patient *then* presents is made, and the case is prescribed for *afresh*, almost as if it were a new case; and this process is repeated, each new prescription being the subject of a special study, until the case is cured. Such a process is equivalent to prescribing for a number of new and independent cases, and it is evidently not incompatible with the theory of a true homœopathic prescription."

Dr. C. Dunham then proceeds to show how the strict individualisation of a disease in its acute and sub-acute states would, in many cases, still point to the same homœopathic prescription. He says:—

"I can certainly testify, from repeated observation, to the efficacy of *sulph.* 30 in most violent puerperal peritonitis, that remedy being all that was required to bring the cases to a speedy and favorable issue. This calls to mind Hahnemann's admonition—*Organon* § 257. * * The physician 'should never lose sight of this great truth, that of all known remedies, there is but one that merits a preference before all others, viz.: that, whose symptoms bear the closest resemblance to the totality of those which characterize the malady.'

"Alternation, however, as generally understood and practiced, does not contemplate this new study of the case before a second remedy is administered or before every change of remedies; and herein it fails to come up to the requirements of a

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true homœopathic prescription. And this is the kernel of the whole controversy.

"Suppose a case of pleurisy. Bryonia covers all the symptoms. The patient improves for a time and then ceases to improve. The case is studied anew. Some symptoms are found to have vanished; some new ones have appeared. The physician studies the previous history of the patient more closely; he may or may not conclude that there is a psoric taint. At all events he perceives that *sulphur* corresponds to the symptoms better than any other remedy. He prescribes *sulphur*, therefore, just as though this were a new case that had just come under his treatment. This is an instance of *succession* of remedies. But each prescription is a strictly homœopathic one and in every respect commendable.

"Suppose another case. A patient has acute tonsillitis. The physician collects his symptoms and prescribes '*belladonna*, to be followed in four hours by *mercurius*, and that again in four hours by *belladonna* and so on.' These two steady nags, so familar to all, in this relation, are sometimes enlivened by the company of *aconite* and *coffea (pro re nata)* where the prescriber has no scruples about driving 'four in hand.'

"This is an example of *alternation* of remedies and is objectionable on the following ground: Suppose the first dose of *belladonna* to have been a judicious prescription and to have had an effect. How can the prescriber know beforehand that this effect will be just such as to cause the totality of the symptoms at the end of four hours, to correspond exactly to *mercurius*, and, what would be still more wonderful, how can he foresee that the effect of the *mercurius* will be just such as to cause *belladonna* to be better indicated than any other remedy, at the end of another period of four hours? The second remedy (*a fortiori* a third or fourth!) in such cases must always be prescribed without a preliminary study of the actual condition of the patient, as modified by the action of the first remedy. It cannot therefore be an exact homœopathic prescription.

"Hahnemann has expressed himself fully on this subject in the *Organon* (fourth edition, British translation), as follows:

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"Sec. 272. 'In no instance is it requisite to employ more than *one simple* medicine at a time.'*

"Sec. 169. 'It may easily occur, on examining a disease for the first time and also on selecting for the first time the remedy that is to combat it, that the totality of the symptoms of the disease is found not to be sufficiently covered by the morbific symptoms of a single medicine, and that two remedies dispute the preference as to eligibility in the present instance, the one being homœopathic to one part of the disease and the other still more so to another. It is then by no means advisable after using the preferable of the two remedies, to take the other *without examination*, because the medicine given as the inferior of the two, under the change of circumstances, may not be proper for the remaining symptoms; in which case, it follows, that a suitable homœopathic remedy for the new set of symptoms should be selected in its stead.'

"Sec. 167. 'In short, if the application of an imperfect homœopathic remedy used, in the first instance, cause any accessory symptoms of some importance, the action of the first dose is not allowed to exhaust itself in acute diseases; the altered state of the patient is then to be examined and the remainder of the primitive symptoms to be joined to those which have been recently discovered, to form of the whole a new image of the disease.'

"Sec. 168. 'A new remedy that is analogous may then be easily discovered among the medicines that are known, a single application of which will suffice, if not to destroy the disease entirely, at least to facilitate the cure in a great degree. If this new remedy is not sufficient to restore the health completely, then examine what yet remains of the diseased state and select

"* Experiments have been made by some homœopathists in cases where, imagining that one part of the symptoms of a disease required one remedy, and that another remedy was more suitable to the other part, they have given both remedies at the same time or *nearly so;* but I earnestly caution all my adherents against such a hazardous practice, which never will be necessary, though, in some instances, it may appear serviceable.

the homœopathic remedy that is most suitable to the new image that results from it. In this manner the physician must continue until he attains his object—that is to say, until he has fully restored the health of the patient.' "

The next quotation brings us to the grave error which Dr. Russell has committed in his lecture at the Homœopathic Hospital. Dr. C. Dunham continues:—

"It is often stated, however, that Hahnemann used *bryonia* and *rhus tox.* alternately in his very successful treatment of the typhus or hospital fever which prevailed so extensively in Northern Germany, in 1813-14, after the French invasion. A reference to his article on the 'Treatment of the Typhus or Hospital Fever at present prevailing,' originally published in the *Allgem. Anzeig. der Deutschen*, number six, 1814, and translated by Dr. Dudgeon among 'Hahnemann's Lesser Writings' (pp. 631 *et seq.* American edition), will show how erroneous this statement is.

"He says, 'this fever has two principal stages,' of which he gives the distinguishing symptoms; the first stage being characterized by '*pains* and *consciousness;*' the second stage by '*delirium* and *mania.*'

"'In the first stage,' he continues, 'two vegetable substances are of use and generally quite remove the disease at the commencement—the *bryonia alb.* and the *rhus tox.*'

"He proceeds to give the special indications for each of these remedies. 'If the patient complains of dizziness, *shooting* (or jerking-tearing) *pains* in the head, throat, chest, abdomen, etc., which are *felt particularly on moving the part*—in addition to the other symptoms, the hæmorrhages, the vomiting, the heat, the thirst, the nocturnal restlessness, etc., we give a single drop of *bryonia* 12. Improvement takes place in the course of four and twenty hours, and *as long as the improvement goes on*, we give him no other medicine, nor even repeat the same dose.

"'If now the amendment produced by the single dose of *bryonia* goes off in the course of two, three or four days, that is to say, if the patient *then* complains of *shooting pains in one or*

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other parts of the body whilst the part is at rest; if the prostration and anorexia are greater, if there is harassing cough or such a debility of certain parts as to threaten paralysis we give a single drop of *rhus tox.* 12 and no more, nor any other medicine so long as the improvement is manifest and continued.' 'Or, if the symptoms I have just described occur at the very *commencement* of the attack, we give *at its very commencement* a drop of *rhus tox.* 12.'

" 'The whole disease will generally be removed by a single dose of the first or of the second medicine (according as the one or the other is indicated, without the addition of any other).'

" 'If, notwithstanding, the disease should pass into the "second stage" of delirium and mania, then *hyoscyamus niger* meets all the indications of the case.'

" These detailed directions for the treatment of an epidemic disease, give a perfect picture of a true homœopathic treatment. They state, in substance that the *generic* symptoms of the disease are always accompanied in the commencement by one or the other of two groups of *characteristic* symptoms. Accordingly as one or the other of these groups is present, *bryonia* or *rhus* is to be given. When the consequent amelioration ceases, then the case is to be examined anew, and *according to the characteristics then found to present themselves*, a *new remedy* is to be selected and thus the practitioner is to go on until the case is cured. But *alternation* is nowhere advised or allowed."

Well may we ask how was it, in the face of such a direct repudiation of alternation by Hahnemann himself, which he maintained to the last, that Dr. Russell ventured, as an accredited lecturer by the London Homœopathic Hospital, to give utterance to such teaching as the following; broadly implying that Hahnemann in the treatment of acute diseases, when "exigencies" are most common, violated "his most cherished maxims." Dr. Russell said to his audience:—

"I now come to the consideration of the question of the administration of two medicines in alternation—a practice which

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may be said to have become usual, and which is often adopted even by those who condemn it. The short time at our disposal will prevent me from entering with any fulness into this division of the subject; and I shall content myself with making a few general observations on the advantages and disadvantages of this plan of treatment."

"In the first place, it is so manifestly at variance with the doctrines taught by Hahnemann, in regard to the necessity of counteracting one morbid dynamic change, in which he considered a disease to consist, by some one other medicinal dynamic action, and to his belief of the length of time that a single dose of a medicine acted, that he could not possibly regard the plan with anything but repugnance from his theoretical point of view. If disease be one and indivisible, and if its symptoms be but the mutterings of this evil spirit, and if, on the other hand, a medicine act as a whole—giving a shock to this malignant spirit, as knight charged knight, in the encounters of chivalry—then, with this idea of morbid and medicinal action, it was obviously inconsistent to administer more than one medicine at a time, or to give a second dose of this until the effects of the first were exhausted. But Hahnemann, besides being a genuine thinker, a profound excogitator of a system derived from certain assumed axioms, was a man of great common sense, of large experience, and of practical sagacity. And in medicine, as in politics, the most successful administrator is he who, although fully recognising the general laws which philosophers have propounded, yet adopts his measures to the special exigencies of the occasion, even although for a time they seem in violation of his most cherished maxims. In medicine, the law of humanity is the highest of all laws; and Hahnemann showed by his practice that while recognising the general propositions he had laid down in the *Organon*, he did not allow them to interfere with his freedom of action in dealing with dangerous diseases. In proof of this, we find that when he treated a form of typhus fever, in the year 1814, he administered in alternation *bryonia* and *rhus tox.* In the edition of his *Materia Medica* published in 1833, he mentions, in the introductory observations to *rhus tox.*, that the

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only remedies which proved effectual were *rhus* given in alternation (ab wechseld) with *bryonia*. Nor does he make any deprecatory observation on the practice. So that even when he strenuously maintained the theoretical badness of this method of procedure, he does not impugn it in an instance in which experience proved it to have been useful. It is but fair to observe, that although he speaks of giving these medicines in alternation, yet, in the fuller history of the epidemic, he describes the cure as usually effected by a single dose, first of the one and then of the other medicine."

Let me ask, Would it not have been more honest and manly for the learned lecturer to have cast aside all his own petty prejudice and fairly represented to his audience Hahnemann in his own truthful and simple grandeur? Why did not Dr. Russell explain the true meaning of *abwechselnd mit der Zaunrebe*—alternation with *bryonia*. Surely Dr. R. will not deny that alternation means the reciprocal succession of things, in time or place, and Hahnemann has defined that time and place with a precision and exactitude that none but the veriest dunce could misinterpret. The *Organon* explains on almost every page his meaning. He continually guarded himself from misconstruction by "*if*"—a small condition that it suits his prejudiced and inaccurate commentators to omit on most occasions. Even in that very active and dangerous affection the cholera, we find Hahnemann, in writing to the editor of the *Bibl. Homœopathique*, vol. i., employs the "*if*": "The best homœopathic practitioners have also found it [*cuprum*] indispensable in the *second* stage of the fully developed disease, alternated, '*if*' the symptoms *indicate* this, with *veratrum album* x. [30th dilution]. I have also advised the alternation of these two substances from *week* to *week*, as a preventive against disease." Hahnemann not only exacted that the *indications* for the administration of a remedy should be

present, but he was slow in his repetitions, unless the disease was acute, of which fact the *Organon* is full of evidence. Had Dr. Russell quoted a few more words of German from Hahnemann's introduction to *rhus*, he would perhaps have put a check on his own incautious and dangerous teaching, and have guarded his listeners from leaving his presence erroneously indoctrinated. The German words are within brackets, thus: abwechselnd mit der Zaunrebe (wie sic von mir im sechsten Stücke des allgemeinen Anziegers der Deutschen 1814 kürzlich beschrieben worden ist) etc.—which words simply and briefly mean, *such alternation* of *rhus* with *bryonia* as was *described* by Hahnemann in the sixth number of the German public Gazette of 1814. We have seen by Dr. Dudgeon's translation in the *Lesser Writings*, and by Dr. Carroll Dunham's lucid comments, what those instructions were. Only *that* remedy was to be selected *which* the *symptoms indicated*, and the dose allowed to act until another was needed. One dose was often enough to cure. This variation of symptoms requires the greatest acumen and vigilance on the part of the practitioner; hence the wisdom of Hahnemann's often-repeated and earnest injunction never to repeat a second dose without knowing what the previous one had done. Dr. Russell has put a false construction on Hahnemann with regard to the repetition of the dose, when he significantly enquires are we "never to give a second [medicine] until the operation of the first has wholly exhausted itself." This, I say, is a very unfair and inaccurate mode of dealing with the question. Hahnemann tells us never to repeat the dose so long as the previous one is doing us good service. From the time he urged upon his followers this advice, and from which he never swerved, he was then speaking "*more especially of chronic diseases*," and not of acute attacks of rheumatism or any other acute disease. Hahnemann's cautious recom-

mendation, moreover, was given at a time when his experience was less matured than in subsequent years, as he plainly tells us in a note at page 288 of the *Organon.* In fact, from Paragraph CCXLV to CCLI, Hahnemann clearly gives a direct denial to all such insinuations as Dr. Russell advances in regard to the repetition of the dose. Nothing can be more plain, forcible and sensible than Hahnemann's own language in § CCXLVII. He says:—

"Under these conditions, the smallest doses of the best-selected homœopathic medicines may be repeated with the best, often with incredible results, at intervals of fourteen, twelve, ten, eight, seven days, and where rapidity is requisite, in chronic diseases resembling cases of acute disease, at still shorter intervals, but in acute diseases at very much shorter periods—every twenty-four, twelve, eight, four hours, in the very acutest, every hour, up to as often as every *five* minutes—in every case in proportion to the more or less rapid course of the disease or action of the medicine employed, as is more distinctly explained in the subjoined note."

Most earnestly do I urge the student to obtain a thorough acquaintance with the *Organon* and its notes. After the teaching of Dr. Russell had gone forth, it would seem as if his conscience had pricked him. He concludes: "If, in a case of acute rheumatism, I prescribe *aconite* and *bryonia* alternately, and the patient recover, how shall I determine whether the cure were due to the action of the one or the other, or of a *tertium quid* compounded of both? That this is a most serious objection must be admitted; and the conclusion I am disposed to come to is, that when we adopt the system of alternation it should be done always under protest." To whom, might I enquire?

Has the thought never occurred to Dr. Russell, if we are to believe all that we see recorded as cures, that patients homœopathically, as well as those allopathically treated *recover* sometimes *in spite of* the means employed?

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Dr. Russell adds: "The paramount duty of the physician being to cure, he is bound to employ the measures which *seem to him* best suited for the particular case under treatment. All other considerations are secondary to this irrevocable and immutable obligation." This is all very true, and is but a paraphrase upon Hahnemann's very first paragraph in the *Organon*, when he says quite as pithily, but with less flourish:

"The physician's high and *only* mission is to restore the sick to health,—to cure, as it is termed."

The lecturer says not a word about having, with the aid of Repertories, made the selections, and afterwards of having studied them out of the Materia Medica, as Hahnemann enjoins.

Dr. Russell seems to imply that since the advanced pathology of disease—"the fruit of extensive and accurate observation"—has been promulgated, and will no longer harmonise with the notions of Hahnemann in regard to disease, we are not now bound in our practice by the dicta of our Master. I should like to know where that "fruit of extensive and accurate observation" as influencing the treatment of disease more efficiently than that established by Hahnemann is to be found. To this hour the most advanced of the allopathic body are wrangling amongst themselves as to the nature of disease; and it is not long since that Rokitansky, the Nestor of Pathology, renounced his *theories* on this subject, in the construction of which he had spent many years. No, no. Since the time that Hahnemann penned that admirable essay published in *Hufeland's Journal* in 1809—"Observations on the Three Current Methods of Treatment: Treatment of the Name—Treatment of the Symptom—Treatment of the Cause"—until the note appended to the 1st paragraph of his *Organon* in 1833, which is applicable to this very hour, the science of pathology has not revealed one atom of knowledge as

regards the nature of disease, enabling us to treat with more exact *precision* any single disorder, than *that* which homœopathy, practised as Hahnemann directs, has been and ever will be able to accomplish. Let me direct the attention of those gentlemen who are busying themselves with names and pathological nonsense, instead of studying their Materia Medica, to Hahnemann's note appended to the first paragraph of the *Organon:* "His [the physician's] mission is not, however, to construct so-called systems, by interweaving empty ideas and hypotheses concerning the internal vital processes, and consequently the actual mode in which diseases are produced in the interior of the organism (whereon so many physicians have hitherto ambitiously wasted their talents and their time); nor is it to attempt to give countless explanations regarding the phenomena in diseases and their proximate cause (which must ever remain concealed), wrapped in unintelligible words and an inflated abstract mode of expression, which should sound very learned, in order to amaze the ignorant —whilst sick humanity sighs in vain for aid. Of such learned reveries (to which the name of *theoretic medicine* is given, and for which peculiar professorships are instituted) we have had quite enough, and it is now high time that all who call themselves physicians should at length cease to deceive suffering mankind with mere talk, and *begin* now, instead, for once to *act*, that is, really to aid and to cure." Most thoroughly do I agree with Dr. Russell when he says: "The rationality of the practice [of giving medicine in extremely minute doses] was explained sixty years ago by Hahnemann, and with more force and clearness, in my opinion, than by any subsequent writer on the subject."

Dr. Russell here alludes to a letter of Hahnemann's, published in *Hufeland's Journal*, vol. vi., part 2, 1801. Here again, strange to say, we meet with a translation by

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Dr. Russell widely different from *that* of Dr. Dudgeon in *Hahnemann's Lesser Writings*. Dr. Russell appears to have given a somewhat inaccurate condensation, if Dr. Dudgeon has translated accurately. These gentlemen, formerly co-editors, had better refer to the original once more, as I have not *Hufeland's Journal* by me. In speaking of the effects of one grain of the extract of *belladonna* dissolved in two pounds of water, Hahnemann says, according to the version of

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"These two pounds will contain about 10,000 drops. Now if one of these drops be mixed with other 2000 drops (six oz.) of water (*mixed with a little alcohol*), by being vigorously shaken, one teaspoonful (about twenty drops) of this mixture given every two hours, will produce not much less violent symptoms in a strong man, *if he is ill*," etc.

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"These two pounds will contain about 100,000 drops. Now, if one of these drops be mixed with other 2000 drops of water, and twenty drops of this mixture [what has become of the alcohol?] be given every two hours, they will produce effects not much less violent if the man to whom they are administered be *ill*," etc.

Dr. Dudgeon tells us that Hahnemann spoke of "a *very* hard dry pill of extract of *belladonna*" producing usually no effect in a perfectly healthy countryman; Dr. Russell tells us, on the other hand, that it was merely "a hard dry pill." There is, however, in these translations a difference—shade though it be—of no small importance.

I am sorry that I must defer my notice of Dr. Quin's admirable address until a future number. I cannot, however, conclude this paper without expressing my sincere regret that Dr. Quin's failing health should oblige him so frequently to absent himself from the Meetings of the British Homœopathic Society, where his presence is much needed to check and rebuke the arrogance, "ingratitude"

and "presumption" of some "*soi-disant* disciples of Hahnemann"—men who are doing their utmost to sap the foundation of Hahnemann's homœopathy, and who unblushingly show "an incredible ignorance of the maxims and truths contained in his works . . . . and an irreverence for the genius, the erudition, and the unwearied industry which enabled him to create and establish the system of medicine by which they gain their livelihood and hope to rise to fame and fortune." These are truthful, bold and withering words from Dr. Quin, and it is deeply to be regretted that he should have remained so long silent.

Dr. Joseph Kidd, a member, as well as myself, of the British Homœopathic Society, tells us that he has "renounced allegiance to fanciful hypothesis," to which the "poor modern idol of dynamization" and "globulism" in his mind belong. "The theory of infinitesimal doses," he adds, "I for my own part have disowned, and do disclaim." It is well that Dr. Joseph Kidd has at last proclaimed himself, as we can now logically examine his frank avowal. Dr. Quin informs us, on the other hand, that "Homœopathy spread all over the Continent, and pierced into Great Britain, and diffused itself all over America by the very homœopathic doses." He remarks truly: "Absence of reverence is no sign of greatness of intellect . . . . A mouse, an oyster, a flea, have no reverence for a philosopher; but a philosopher has a reverence for a mouse, an oyster, or a flea."

THE THIRTEENTH ANNUAL REPORT OF THE BOARD OF MANAGEMENT OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Board of Management have much satisfaction in reporting to the Governors and Subscribers that the same steady progress, to which reference was made in the last Annual Report, has been fully maintained during the year ended the 31st December,

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1862. The return of cases treated in 1861, amounting to 3328, shewed, it will be remembered an increase of 408 over the number (2920) reported for 1860; and during the last year there has been a further increase of 523 Patients over the number treated during 1861. Of this increase, 50 were In and 473 were Out-Patients, the total number being 338 of the former and 3563 of the latter treated during 1862. Thus, the total increase in the number of cases treated during 1861 and 1862, as compared with the number of Patients in 1860, has been 981 in all, or 85 In and 896 Out-Patients; and the total number received between the 10th April, 1850, when the Hospital was first opened, and the 31st December last, is 37,235. A Summary and a detailed Return of the cases treated during the last year will be found at the end of this Report, arranged according to the classification of the Registrar-General.

From causes arising, it is presumed, from the very heavy demands upon all classes of the community on account of the distress in Lancashire, the total amount of Subscriptions and Donations received in 1862 is less than was received during 1861. As, however, there were 63 new Subscribers added to the subscription-list whose annual contributions amount to about £100, the falling off in the Subscriptions and Donations was not more than £74 : 9 : 11. To those friends of the Hospital who are conversant with the financial condition of other charities in the metropolis and throughout the country, it cannot fail to be a matter of devout thankfulness that the above-mentioned falling off during the past year has been so small, whilst their gratitude and hope for the future well-being of this Institution will, it is hoped, be stimulated by a consideration of the following facts, which exhibit the steady increase maintained in the amounts received from those Annual Subscriptions upon which all *unendowed* institutions must mainly depend.

In 1853, the total amount of Subscriptions was £417; in 1854, £471; in 1856, £522; in 1858, £548; in 1860, £836; and in 1862, £876. Thus it will be seen that between 1853 and 1862,—a period of ten years, the Annual Subscriptions have been more than doubled, whilst, at the same time, the

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Donations have by a like steady increase risen from £375, the amount received in 1853, to upwards of £600, received in 1862.

Attention has been repeatedly directed to the sums received from Out-Patients for Registration Fees, as affording indubitable proof of the appreciation by the poor of the benefits derived by them at this Hospital, and it will be sufficient on the present occasion to note that these Fees have steadily advanced from £98, the amount received in 1857, to £215, received in 1862.

By the investment in the public funds of Lady Williams's bequest of £100, which was announced in the last Annual Report, and by the payment of an additional sum of £40 specially contributed to the Endowment Fund during the past year, that Fund amounted on the 31st December, 1862, to £1199 : 2 : 5 stock.

The total receipts from all sources during 1862 amounted to £1740 : 9 : 3, of which, after deducting the above mentioned sum of £140, belonging to the Reserve or Endowment Fund, £1600 : 9 : 3 remained applicable to the general expenditure for the year; but as the expenditure for the same period amounted to £1609 : 4 : 1, there was a balance on the 31st December last of £8 : 14 : 10 in excess of income.

Notwithstanding the increase in the number of patients, it will be observed from the details given in the accompanying balance sheet that the expenditure last year exceeded that of 1861 by only £71 : 12 : 1, and that this increase was caused by the additional sums spent on account of Furniture, Repairs and Advertisements, absorbing more than the savings effected in House Expenses and Wages. Compared with the expenditure in 1861 for House Expenses and Wages, the saving effected last year was £41 : 11 : 6, whereas the outlay for Furniture, Repairs, and Advertisements in 1862 exceeded the amount spent in 1861 by the sum of £104 : 8 : 10. This increased expenditure was, however, imperatively required chiefly for painting and whitewashing the wards, passages, and Out-Patients' reception-rooms, and for the purpose of keeping the claims of the Hospital prominently before the public by means of regular and more frequent Advertisements in the public journals.

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The Board of Management have to announce, with much regret, the death of Sir John Smith, Bart., one of the earliest and warmest supporters of the Hospital, who for thirteen years was a member of the Board. In addition to the vacancy thus created, further vacancies occur from the retirement from the Board, in pursuance of the rules of the Hospital, of Lieutenant-General the Honourable Thomas Ashburnham, Captains W. Caldwell and Fishbourne, and of Messrs. Dutton, Tottie, and W. R. Williams, who are, however, eligible for re-election.

Owing to some difficulties experienced this year in the rendering and audit of the Hospital accounts, the Board of Management have considered it desirable to follow the usage of other institutions, and to avail themselves of the services of public accountants. This step the Board trusts will meet with the approval of the Governors and Subscribers, and that they will authorize the same course to be pursued in all future years.

On the recommendation of the Physicians and Surgeons in attendance upon the In-Patients, the Board have to submit for the confirmation of the Governors and Subscribers, that Law XLVI, relating to the retention in the Hospital beyond the terms respectively of one month or six weeks, be so altered as to admit of the retention beyond one month upon the certificate of only one, instead of two, of the Honorary Medical Officers, or for a further period, upon the sole recommendation of the Medical Officer in charge of the case.

The Board have to submit, for the confirmation of the Governors and Subscribers, the appointment of Dr. Neatby and Mr. Tate to fill the offices of Assistant Physician and Assistant Surgeon, the former to supply the vacancy caused by the resignation from ill-health of Dr. Waugh.

The grateful thanks of the Governors and Subscribers and of the Board of Management are again due to the Officers of the Honorary Medical Staff for their humane and skilful attention to the Patients of the Hospital during the past year, and the acknowledgments of the Board of Management are especially due to those members of the Medical Staff who have, by lecturing or otherwise, assisted in carrying out one of the great

LONDON HOMŒOPATHIC HOSPITAL.

objects of this Institution, viz., affording instruction to those students and medical men who desire to engage in the study and practice of Homœopathy.

To the professional and non-professional supporters of the Hospital, the Board beg, in conclusion, to express their grateful thanks for the assistance rendered during the past as in previous years. Through that assistance, the labours of the Board have been at all times greatly lightened, suffering has been relieved, and hope and healing brought to many a sick bed, and it cannot but prove a cause of enduring satisfaction to know, that the kindness shown has neither been barren of results as regards the relief obtained, nor unaccompanied by the gratitude of those upon whom it has been bestowed.

DETAILED RETURN OF CASES OF IN-PATIENTS TREATED DURING THE YEAR, FROM THE 1ST OF JANUARY TO THE 31ST OF DECEMBER, 1862, INCLUSIVELY.

	Recovered.	Much Improved.	Relieved.	Unrelieved.	Died.	Under Treatment.	Total.
I.—*Zymotic or Contagious Disease:*—							
Continued Fever	3	..	..	..	..	..	3
Rheumatic ditto 1 (Pneumonia) 2 (Typhus)	13	3	2	..	2	4	24
Gastric ditto	1	..	..	..	..	..	1
Typhoid ditto	2	..	..	..	..	..	2
Typhus ditto	4	..	..	..	2	..	6
Scarlet ditto	1	..	..	..	..	..	1
Febricula	9	..	..	..	..	..	9
Erysipelas	6	..	.	..	..	1	7
Measles	3	..	..	..	..	..	3
Syphilis, Secondary	4	2	5	2	.	4	17
Gonorrhœa	2	..	..	..	..	3	5
Chronic Dysentery	..	..	..	..	..	1	1
Diarrhœa	2	..	..	1	..	1	4
II.—*Sporadic or Non-Contagious Diseases:*—							
a.—Pelvic Abscess	..	2	..	..	..	..	2
Ozœna	1	..	..	..	..	..	1
Fungus Hæmatodes..	..	..	..	1	..	..	1
Debility	..	..	1	..	..	..	1

THIRTEENTH REPORT OF THE

	Recovered.	Much Improved.	Relieved.	Unrelieved.	Died.	Under Treatment.	Total.
Ovarian Dropsy	..	..	..	..	1	..	1
Anasarca	1	..	..	..	..	..	[illegible]
b.—Incipient Phthisis	..	..	1	2	..	1	[illegible]
Phthisis	..	1	2	3	..	1	
Struma	3	3	2	1	..	..	
c.—Facial Anæsthesia	..	..	..	1	..	..	
Hemiplegia	..	1	2	1	..	..	
Spinal Irritation	1	2	..	1	..	..	4
Hysteria	..	3	3	2	..	..	8
Sciatica	..	1	..	..	..	..	1
Cerebral Affection	..	2	2	..	..	..	4
Spinal Disease	..	..	..	1	..	..	1
Mental Derangement	..	1	..	..	..	..	1
Partial Paralysis	..	..	..	1	..	..	1
Otitis	1	..	..	..	..	..	1
Dysphagia	..	..	..	1	..	..	1
d.—Phlebitis	1	..	..	..	..	..	1
Valvular Disease of Heart	..	..	2	..	1	..	3
e.—Emphysema	..	..	..	..	1	..	1
Catarrh	2	.	..	..	..	..	2
Bronchitis	7	2	..	..	..	1	10
Hæmoptysis	1	..	..	..	..	..	1
Pleuritis	4	1	1	..	..	..	6
Subacute Laryngitis	..	1	..	1	..	..	2
Chronic Bronchitis	..	1	..	..	..	..	1
Pleuropneumonia	..	..	..	..	..	1	1
f.—Chronic Vomiting	..	..	1	..	..	..	1
Dyspepsia	2	2	4	2	..	..	10
Prolapsus Ani	1	..	1	..	..	..	2
Abdominal Tumour	..	..	1	..	..	..	1
Enteralgia	2	..	..	1	..	..	3
Carcinoma Ventriculi	..	..	..	..	1	..	1
Medullary Tumour of Abdomen	..	..	..	..	1	..	1
Gastralgia	1	2	..	..	..	..	3
Ulceration of Rectum	1	..	..	..	..	..	1
Hæmorrhoids	1	1	1	..	..	..	3
Hæmatemesis	1	..	..	..	..	..	1
Colica	1	..	..	..	..	..	1
Abdominal Abscess	1	..	..	..	.	..	1
Jaundice	1	..	..	..	..	..	1
Scirrhus Pylori	..	..	..	..	..	1	1
g.—Calculus Vesicæ (1 operated on)	2	..	..	..	..	..	2
Diabetes	..	1	..	..	1	..	[illegible]
Cystitis	1	.	..	..	..	.	[illegible]
Nephritis	1	..	1	..	..	..	[illegible]

LONDON HOMŒOPATHIC HOSPITAL.

	Recovered.	Much Improved.	Relieved.	Unrelieved.	Died.	Under Treatment.	Total.
. .. ..	1	4	3	..	.	2	10
.. ..	1	..	..	..	..	..	1
ıour of Urethra ..	1	..	..	..	..	..	1
.. ..	2	1	..	..	..	..	3
.. .. ..	1	1	..	..	..	..	2
Cervix Uteri	1	..	..	..	..	..	1
itis..	..	1	2	..	..	..	3
ɔur	..	1	..	2	1	1	5
.. .. ..	1	2	..	..	..	..	3
.. ..	..	2	..	..	..	..	2
i	..	1	..	..	..	..	1
eri	..	1	..	..	..	..	1
.. .. ..	..	..	..	..	..	1	1
. .. .	[illegible]	6	[illegible]	1	..	4	25
kle Joint	..	..	..	1	..	..	1
ı Joint..	..	2	..	1	..	..	3
.. .. ..	..	..	1	1	..	..	2
. .. .	1	1	..	..	.	..	2
.. .. ..	..	1	..	..	..	..	1
ınger	2	..	..	..	..	..	2
ɾist Joint	..	1	..	..	..	.	1
Cornea	..	..	1	..	..	..	1
ıthalmia	1	3	2	..	..	..	6
.. ..	..	..	..	1	..	..	1
ctivitis .. .	1	1	..	..	..	..	2
Ulceration of Arm ..	..	1	..	..	..	..	1
ditto of Leg	1	..	..	..	..	..	1
ıa	1	..	..	..	..	..	1
Nates	1	..	..	..	..	..	1
. .. .	10	7	..	1	..	..	[illegible]
.. .. ..	3	..	..	..	..	..	3
. .. .	1	1	..	..	..	..	2
ɜɜa	..	..	1	1	..	1	3
ıour of Thigh ..	..	..	..	1	..	..	1
.. .. ..	2	..	..	..	..	..	2
. .. .	2	..	1	..	..	.	3
.. .. ..	1	2	..	..	..	..	3
. .. . ..	1	..	1	..	..	..	2
ımation of Thumb	1	..	..	..	..	..	1
to of Fore Arm ..	1	..	..	..	..	..	1
r	1	..	..	..	..	..	1
ptions	1	..	.	..	..	..	1
ɜɜa	1	..	..	..	..	..	1
. .. .	..	..	1	..	..	..	1

LONDON HOMŒOPATHIC HOSPITAL.

	Recovered.	Much Improved.	Relieved.	Unrelieved.	Died.	Under Treatment.	Total
III.—*Diseases from External Causes:*—							
Fracture of Fore Arm	1	..	..	..	..	..	
Urethral Obstruction	..	1	..	..	..	..	
Scald of Leg	1	..	..	..	..	..	
Ununited Fracture	..	1	..	..	..	..	
Contusion of Head	1	..	..	..	..	..	
Scalp Wound	1	..	..	..	..	..	
Sprained Knee Joint	..	..	.	..	..	1	
Total	144	74	48	32	11	29	[illegible]

CLASSIFIED SUMMARY OF CASES OF IN-PATIENTS TREATED DURING TH YEAR FROM THE 1ST OF JANUARY TO THE 31ST OF DECEMBE 1862, INCLUSIVELY.

CLASS I.—*Zymotic or Contagious Diseases*	50	5	7	3	4	14	83
CLASS II.—*Sporadic or Non-Contagious Diseases:*—							
a.—Dropsy, Cancer, and other Diseases of Uncertain or Variable seat	2	2	1	1	1	..	
b.—Tubercular Disease	3	4	5	6	..	2	2
c.—Diseases of the Brain, Spinal Marrow, Nerves and Senses	2	10	7	8	..	..	2
d.—Diseases of the Heart and Blood-Vessels	1	..	2	..	1	..	
e.—Diseases of the Lungs and other Organs of Respiration	14	5	1	1	1	2	2
f.—Diseases of the Stomach, Liver, and other Organs of Digestion	12	5	8	3	2	1	3
g.—Diseases of the Kidneys, Bladder, etc.	4	1	1	..	1	..	
h.—Diseases of the Organs of Reproduction	8	14	5	2	1	4	3
i.—Rheumatism, Diseases of Bones, Joints, etc.	14	11	4	4	..	4	3
j.—Diseases of the Eye, etc.	2	4	3	1	.	..	1
k.—Diseases of the Skin, Cellular Tissue and Mucous Membrane	28	11	4	3	..	1	4
CLASS III.—Diseases from External Causes	4	2	..	..	..	1	
Total	144	74	48	32	11	29	33

TOTAL NUMBER OF OUT-PATIENTS, 3,563.

ARCHBISHOP WHATELEY.

We regret to learn that the health of this distinguished divine is such as almost to preclude the hope of his recovery. Professor Henderson of Edinburgh has seen his Grace in consultation with the medical men in attendance. In allusion to this, the *British Medical Journal* of the 19th ult. says: "We simply refer to the telegram because it is important to the profession to know, especially in such a prominent instance, that no practitioner of medicine condescended to play a part in the consultation alluded to," &c., &c. The studied insolence of this paragraph is only equalled by its assurance. Dr. Henderson, Dr. Markham would lead his readers to suppose, is no "practitioner of medicine!" The Professor of Pathology in the University of Edinburgh, a man of vast and varied acquirements in the science and art of medicine, one whose whole life has been spent in relieving sickness, in cutting short disease, "*no practitioner of medicine!*" The intensity and absurdity of allopathic malignity could hardly go further than in insinuating that Professor Henderson is no "practitioner of medicine." Then, again, this sapient editor tries to delude himself and his employers into believing that some allopathic magnate of Dublin was requested to meet the medical advisers of his Grace, and declined! Far too firmly convinced that what chance of restoration to health there may be for him lies in homœopathy, and in homœopathy alone, his Grace would be the last man to desire such inferior aid as allopathy has to offer. No allopath had the opportunity presented to him of displaying his narrow-minded bigotry and folly. It is in the omission to give one such a chance that the offence of his Grace consists, in the minds of such persons as the editor of the *British Medical Journal.*

DISPENSARY REPORTS.

CHELTENHAM HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Hastings and Dr. Gwillim.

Treasurer—County of Gloucester Bank.

Secretary—W. Burrell, Esq., Retired Surgeon.

Chemist—Mr. Gordon.

Number of patients attending during the last three months	159
Paying 2s. 6d. per month	14
Admitted on Subscriber's recommendation	145
Discharged cured	115
Relieved	44

DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. Drysdale.

Consulting Surgeons—John Moore, Esq., and Dr. Roche.

Consulting Physician for Cheshire—Dr. Wright.

Physician—Dr. Blumberg.

Surgeons—Dr. Hayward, T. H. Willans, Esq., and E. L. Hudson, Esq.

Honorary Dentist—H. C. Quinby, Esq.

House Surgeons—F. J. Tucker, Esq., now Resident Stipendiary Physician, and Dr. Simmons.

Chemists—Messrs. Thompson & Capper.

The number of patients prescribed for at this Institution during the month of August was as follows:—

New patients	553
Old "	1665
Total	2218

The number of visits paid	208
The number of new patients visited	36

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayner, Dr. Drummond, Mr. Blackley, and Mr. Howden.—Mr. E. Calvert, House Surgeon.

President—Joseph Heron, Esq.

Treasurer—P. F. Willert, Esq.

Secretary—Arthur Neild, Esq.

Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of August	1305
Paying 1s. and 1s. 6d. per month	235
Admitted on Subscriber's recommendation	20
Visited during the month at their own homes	170

This Dispensary is open daily (Sundays excepted) from 9 to 11 A.M., and from 7 to 8 on Monday, Wednesday and Saturday evenings.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE MEDICAL SESSION 1863–64.

THE metropolitan and provincial medical schools have commenced the winter session. The professors, lecturers and students are hard at work. The usual addresses, replete with good advice, with earnest exhortations to work, with brilliant displays of the prospect which the diligent student has before him, have been delivered. These addresses are somewhat of an improvement on their predecessors in years gone by. That by Dr. Reynolds, of University College, is as ingenious and attractive in its manner and design as it is admirable in its matter. Regarding the "fast man;" the anxious, hardworking, but withal superficial student; the man who devotes all his energies to one branch of scientific study; and the industrious well-trained students, the one severely critical, the other eminently conservative, as so many "cases," he points out the excellencies and defects in the characters of each, in a style most striking and effective. It is an address we could wish every student who has left or is about to leave home for a medical school to "mark, learn, and inwardly digest." Mr. Paget's, of St. Bartholomew's, is marked by its power and clearness, and by the importance which he most justly attaches to anatomical, botanical and chemical studies, not merely as sources of useful pro-

THE MEDICAL SESSION 1863–64.

fessional knowledge, but as means of mental training—as teaching the student how to think accurately and continuously. The duties and advantages of the profession are also well set forth by Mr. Paget. Dr. Pavy's earnest exhortation to the students of Guy's is well calculated to influence for good those who heard it.

Others, to which want of space forbids us to allude, were marked by much that, if only acted upon by their student-audiences, will tend greatly to their present advantage and future prosperity.

A few years ago these introductories were the vehicles of coarse and ignorant attacks upon homœopathy. We are glad to miss such allusions this year, all but entirely. Dr. Markham, of St. Mary's, is the only lecturer who mentions the subject; he simply congratulates himself that no "scientific man" practises homœopathy, which he describes as "the most successful of the quackeries." Dr. Markham is the editor of the *British Medical Journal*, and in obedience to the instructions of the "Council" of the British Medical Association, is bound on all occasions to have a hit at us. The present one is a very feeble affair; and strangely enough, comes in at the end of an address devoted to a depreciation of drugs and drugging! How the members of the Association will like this attack upon their "commodities," by their own editor, we don't care to enquire. Perhaps, however, the slight kick administered to homœopathy may protect him from any serious remonstrances on this occasion.

The opening of the medical schools suggests some thoughts on the medical education of the sons of those who may have good reason to believe in homœopathy. How is it to be conducted? Will not the evil influence of the prejudices by which at a London hospital they will be surrounded, be calculated to restrain them from subsequently investigating homœopathy? If so, how can this

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result be averted? These are all-important questions, and we will endeavour to reply to them.

Medical education, to be effective, must be thorough. The previous studies of a youth whose inclinations lead him to the choice of medicine as a profession, should be such as will train his mind to think, will cultivate a refined taste, will enable him to take advantage of the researches of foreign scientific investigators, and will make him sufficiently acquainted with physical science to be able at once to make the most of anatomical and chemical studies. To this end mathematics, classical literature, the modern languages of France and Germany, and the elements of natural philosophy should be especially cultivated. The next step is the determination of the University or Colleges through whose portals admission to the profession is finally to be obtained. On this head all we need urge is that every medical aspirant should hold a license or diploma in both medicine and surgery. He should have either a degree in medicine from a University, or a license in the same from a College of Physicians, *and* the diploma of one of the Colleges of Surgeons. The regulations of the various Boards may be seen in the Medical Directories, and the "Students' Numbers" of the *Lancet, Medical Times and Gazette,* and *Medical Circular.* The selection of a place of study is of the greatest importance. And here we would suggest to parents that, *cæteris paribus,* they should give their preference to those institutions where a "tutorial system" is practised; where a young man not merely has an opportunity of hearing a lecture, of dissecting a body, of seeing a patient, and being present at an operation, but where tutors are appointed whose duty consists in teaching the student how to turn to the greatest advantage the means of information placed before him,—where, in fact, some person of experience will direct his studies outside the lecture-hall, the dissecting-

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room, the hospital wards, the pathological theatre, and the museum. We fear that tutorial appointments are rare, but they must and will be made. At King's College, Guy's, and St. Bartholomew's, some such assistance is, we believe, afforded to the student.

But what must he do with reference to homœopathy? Our simple answer is—he must *let it alone*. Let the student get as thorough and complete a knowledge of the various sciences upon which the arts of surgery and therapeutics are built, and of those arts themselves, as it is possible for him to attain. For this purpose he must give himself wholly and unreservedly to his work. If he has a bias towards homœopathy let him keep it under, while he studies the sciences which are common to all therapeutic systems, and that method of treatment which for the present reigns supreme at our hospitals and examining boards. Let him know what can be done by drugs administered on other than homœopathic principles. He will be better able subsequently to appreciate the value of homœopathy.

A young man thus educated, going to a medical school mentally trained to take advantage of the opportunities placed before him, assisted in his studies by a competent tutor, and giving himself entirely to the work of preparation, not merely for his examinations, but for the business of life, will have no need to fall back on one of "those rotatory machines which shall be nameless," to enable him to "get through." He will go before the Boards with confidence, and leave them with credit.

Having then passed the necessary examinations, it becomes his duty to study homœopathy. In so doing, he must first obtain a correct conception of the law "*similia similibus curentur*." The works of Drs. Sharp and Dudgeon will prove to him clear and efficient guides for this purpose. Comprehending the full scope of the

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law, a careful re-examination of the text-book on Materia Medica he has previously studied, a comparison of the physiological actions of the medicines discoursed on, with the uses they are put to in practice, will show him how frequently this law is acted on by those who deny its existence as a law. Christison's *Dispensatory* and Pereira's *Materia Medica* will afford abundant evidence of this kind. Thus prepared, he should devote his time to attendance on the lectures and practice at the London Homœopathic Hospital, or seek the guidance of some competent practitioner in the capacity of assistant. While so engaged, the *Organon* of Hahnemann, and the *Lesser Writings* of this Father of Modern Medicine should be attentively studied. The provings of medicines, the *experimenta in corpore vili*, will demand most careful and unwearying investigation. Having then acquired a theoretical, and to some extent a practical knowledge of what homœopathy is, he will be in a position to compare the results of its value at the bedside with the plans of treatment he witnessed and learned while at the schools.

If a student rigidly abstains from any discussion upon or investigation of homœopathy while preparing himself for examination, he will be far less likely to fall under the influence of those prejudices which are so strongly developed in the great centres of medical education, than if he mixes up the study of this system of therapeutics with that which it is his primary duty to learn; while, as we have already remarked, a man who is well versed in what are termed the ordinary methods of treatment, will be able better to appreciate the value of homœopathy, than one who is but partially instructed in them. He will have a well-grounded reason for his preference. His admission into the profession having been consummated, the course of study we have indicated will render him efficiently conversant with homœopathy, and enable him to practise his profession with success.

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That a medical man engaged in the practice of medicine homœopathically should be thoroughly educated is especially necessary. It is so because for a time at least he will probably be far removed from any professional help in serious cases. He will have to depend entirely on his own resources. Living, we will suppose, in a town where no other homœopathic practitioner resides, and where, almost certainly, his allopathic brethren will render him no assistance, but, on the contrary, be only too glad of an opportunity to check his progress, he must be prepared to encounter, single handed, emergencies in which a young allopathic practitioner would cheerfully be helped, or if necessary "pulled through," by one or more of his brethren. The responsibility thus incurred is great, and can be met only by constant and anxious study. Not only does this position need work, it requires also a large share of moral courage. To be surrounded on all sides by men of the same profession, ever ready to avail themselves of an opportunity to damage one's reputation, is no enviable position. It offers strong temptation to men to repudiate that which they know to be true—to sacrifice the interests of their patients to what appears their personal comfort and convenience. To yield to such temptation is not only gross cowardice, but would in the end prove highly unsatisfactory. For a man who has on this score renounced the practice of homœopathy to see a patient sink under a disease from which, had he not treated it allopathically, recovery might have ensued, must be a far more painful feeling than any which the unjust assaults of malicious brethren could provoke in him!

A well-grounded conviction of the truth of homœopathy, a thorough knowledge of the profession in all its branches, and a firm determination, with God's help, to consult only the best interests of our patients, without any refer-

ence to personal consequences, are essential to a successful professional career.

But while firmly holding those therapeutic views he has abundant evidence to believe are true—are not only true, but far more competent to meet disease than any others; while maintaining a dignified indifference to calumny, to the uncourteous behaviour, the unjust reproaches of his allopathic neighbours, we would counsel the young homœopathic practitioner carefully to avoid giving any real cause of offence to his medical brethren; to treat their opinions, where acquiescence in them is impossible, at any rate with courtesy. If we are to be under a sort of professional ban, let there be no other cause for it than that we believe in homœopathy, and openly practise what we believe in. We have firm confidence in the advent of the time when honourable professional conduct, the successful treatment of our patients, an obvious determination to do only that which is just and right towards both our patients and our medical neighbours, will wear down effectually and for ever that professional exclusion it is the pleasure of those who differ from us to place us under.

TREATMENT OF TOOTHACHE.

By Dr. Tuthill Massy.

The surgical treatment for decayed teeth is decidedly the best and most rapid in producing beneficial results—the actual cautery, strong nitric acid, stopping and extraction are the methods used.

An American settled some years ago in George-street, Hanover-square, for the purpose of curing instantly the toothache from decayed teeth. A patient of mine related to me the treatment. The tooth was seized by the neck

with a sharp forceps, and the crown cut off with a gentle snap; wires of a white heat were in succession plunged into the fangs, destroying the nerves and removing all pain and suffering. The American advocated this treatment as not injuring the outline of the gums or producing hollowness of the jaw, and above all, the rapid relief.

It is now over twenty years since this operation was performed; the gum is perfect, and the stump useful.

The professor flourished in practice until one day, when a gentleman died during the cutting of the tooth. A coroner's warrant was issued, but the professor sought safety in flight, and since has not been heard of.

I have used the actual cautery in a few cases with great success. The end of a few inches of wire is made hot, and if possible brought to a white heat by means of a spirit lamp, and then quickly plunged into the decayed tooth. One case of agonising toothache, in which the lady appeared almost frantic, I instantly relieved with the cautery.

For decayed teeth producing pain, strong nitric acid is also very successful, when put into the tooth with a glass brush; at the same time the gums should be protected with cotton wool. After, the mouth is to be frequently rinsed with warm water.

Stopping with gold and extraction we must transfer to the dentist.

The purely medical treatment is to me the most interesting, as it engages such a minute study of the symptoms, and frequently exhibits the most startling and happy results. One of the first essays on toothache was read in 1835 before the allopathic Medical Society of Münster, by Dr. Bœnninghausen. An extract will show the action of the remedies which I am about to mention in detail, as a study for myself and help for others in practice. The essay goes on to say:—

TREATMENT OF TOOTHACHE.

"A remarkably quick-acting remedy for a kind of throbbing pain in the teeth is the north pole of the magnet.

"This throbbing is almost always accompanied by burning, and has its seat in the lower jaw, followed by a hot and red cheek; it becomes worse from warmth, and after meals. Generally there is a chilliness over the whole body; great irritability; trembling and quivering of the limbs. In spring and autumn this kind of toothache is very frequent. Its cure is soon accomplished, the patient touching with the forefinger the north pole of the magnet as long as the pain seems to be increased.

"I cannot forbear mentioning an application of the magnet, which, however, was not followed by success, yet shows its strong effect.

"A servant of mine came into my study one evening, and begged me to give him some relief for his toothache, which had pained him since 4 P.M., and was always increasing. The pain was throbbing, and was in the upper jaw. As all the symptoms, except the last one, indicated the north pole of the magnet, I applied it at once (power of magnet capable of lifting two oz.); but he had scarcely touched it with his finger, when he grasped his cheek with his other hand, and cried out, 'Oh! it springs downwards!' The pain was merely removed from the upper jaw to the lower one, but continued with the same intensity. It is certain that this metastasis was produced by the north pole, and cure could not be expected from it. I then allowed him to touch the south pole, which, by experience, we know takes away the effect of the north pole. What I expected happened; he had only just touched the south pole, when he cried out, 'Oh! it springs again upwards!' So my purpose was answered; and shortly afterwards I gave him *pulsatilla*, which cured him completely: that was no imagination."

I. There is a throbbing in the teeth from the abuse of *mercury*, worse in the evening, prevents sleeping in bed, and in which *acidum nitricum* is in general the specific, and may be given from the 3rd to the 6th potency.

II. Throbbing toothache with anxiety, fever, redness

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of the cheek; often caught in a sharp north wind. *Aconite* 3 is the best remedy.

III. Arthritic toothache, caused by extraction, filing or stopping decayed teeth. *Arnica* is specific: 10 or 20 drops of the mother tincture in a tumbler of warm water, used frequently to rinse the mouth.

IV. For a shifting pain engaging several teeth, accompanied with the feeling of elongation, as if they would start from their sockets, give *belladonna* 30.

V. The throbbing night toothache during east winds, causing despair, restlessness and moaning, increased by the warmth of bed; cheek red; submaxillary glands swollen; hair moist; thirst. Give *chamomilla* 3.

VI. In the teething of children, with diarrhœa, *chamomilla* 6 is specific.

VII. In teething, with redness of the gums and face, *belladonna* 30 is the remedy; also a warm bath, with frictions to the spine and abdomen.

VIII. *Staphisagria* 30 relieves pain from decayed stumps of the gnawing and drawing character, increased by cold air or cold drinks, or eating, diminished by warmth.

IX. *Mercurius sol.* 6. Tearing toothache after midnight, with increased salivary secretion, which has not been induced by *mercury;* excited by cool air, diminished by warm; with or without ulcerated gums or swelling of the cheek.

X. *Mercurius vivus* 12. In the rending toothache of pregnant women, increased by cold air and cold drinks. Curative in lancinating toothache, accompanied with ptyalism.

XI. *Sepia* 30, for the toothache of pregnant women which comes on suddenly, throbbing and shooting; pain extending to the ears, and down the neck and arms to the fingers, where it is felt as a tingling.

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XII. *Silicea* 30 cures toothache engaging the periosteum the tooth and jaw.

XIII. *Causticum* 30. Stitching in the teeth, especially hen cold air is inhaled, with spasmodic closing of the ws, like lockjaw; tearing in the muscles of the face, eye nd ear. Especially adapted for the right side.

XIV. Gouty toothache, with pain in the toe and tooth at the same time. *Sabina.*

XV. Stinging toothache, relieved by cold water, aggravated by warm. *Bryonia* 3.

XVI. The toothache of jealousy, with congestion of blood to the head. *Hyoscyamus* 6.

XVII. Toothache from suppressed eruptions, shivering, constipation, pulsative headache, swollen gums, inflamed eyes and nose. *Sulphur* 6.

XVIII. Toothache from menstrual suppression; digging pain, extending from the decayed tooth to the eye, coming on after sunset and lasting until midnight, often throbbing; relieved by breathing cold air. *Pulsatilla* 30.

XIX. Grinding toothache, with pulsative digging, followed by clammy numbness in the affected part. *Platina* 12.

XX. Rheumatic toothache, with tearing; worse in the open air. *Rhus* 3.

XXI. Toothache with a burning pain in the zygomatic bone; aching pain in the eyes; yellow areola round the lower eyelid; pale swollen face; pain darts like lightning through the crown and roots of single teeth, causing the patient to start and shriek. Most frequently occurs during the day, with a throbbing, drawing or tearing in all the teeth. *Spigelia* 30.

XXII. In the drawing pains of decayed teeth, extending to the temples, ear and eye, especially on the left side. *Kreosotum.*

XXIII. For toothache with nausea, even unto vomiting

of bile; great prostration of strength; coldness of the whole body; unquenchable thirst for cold drinks. *Veratrum* 6.

XXIV. The toothache of debility with night sweats, yields to *China* 3.

NOTE.—These medicines can be given in tinctures or globules, 3 drops of the former in 6 dessert spoonsful of water; or globules saturated with the tincture may be placed on the tongue or dissolved, 3 in 6 teaspoonsful of water. Give a spoonful every hour until the symptoms of pain cease. Globules are best prepared by putting 12 of the unmedicated into a glass tube, and dropping 1 or 2 drops of tincture over them. In this way the globules are sure to have a portion of the freshly medicated tincture.

XXV. *Chelidonium majus.* Dull pain in the teeth of the left upper or left lower jaw, when touched. Digging-up tearing in the antrum highmorianum.

This last-named medicine is quite historical, having been prescribed for Queen Elizabeth when her Majesty was attacked, in her forty-sixth year, with a grievous toothache, the torture from which nothing could mitigate, or obtain for her rest either by night or day. The case is recorded by the fair authoress of the *Queens of England*, and in the language of Miss Agnes Strickland will be doubly appreciated by my readers:—

"Some persons attributed these sufferings to the malign magic that had been employed against her. Her physicians held a consultation on the royal malady, and instead of devising a remedy for her relief, fell to disputing among themselves on the cause of her indisposition, and the medicines the most advisable to use. The lords of the council then took the matter in hand, and decided on sending for an 'outlandish physician, of the name of John Anthony Fenatus,' who was celebrated for curing this agonising pain, but as it was a perilous thing to entrust the sacred person of a sovereign, so suspicious of plots

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against her life by poison as Elizabeth, to the discretion of a foreign practitioner, they would not permit him to see her Majesty, but required him to write his prescription.

"Fenatus composed a long and elaborate Latin letter in reply, declaring, in the first place, his unworthiness to come after such great physicians, and then prescribing divers remedies, but with the intimation 'that if the tooth were hollow, when all was said and done, it was best to have it drawn, though at the cost of some short pain. If, however, her Majesty could not bring herself to submit to the use of chirurgical instruments (of which it seems he had heard something of her abhorrence), then he advised that the juice of *chelidonius major** might be put into the tooth, and so stopped with wax that none of it might touch the sound parts, which would so loosen the tooth, that in a short time it might be pulled out with the fingers; or the root of the said plant might be rubbed upon the tooth, which would produce the same effect; but concluded by declaring, that drawing the tooth was by all esteemed the safest and best way.' The courage of the lion-hearted Elizabeth failed her on this occasion, and she expressed so much repugnance to the loss of her tooth, combined with terror of the pain that might attend the operation, that the eloquence of her whole cabinet could not prevail upon her to undergo it.

"Aylmer, bishop of London, who was present at this grave debate, then stood forth, and after assuring her Majesty that the pain was less than she apprehended, told her 'that although he was an old man, and had not many teeth to spare, she should

* "Likewise called *fenugreek;* it is a strong smelling plant, still used in Suffolk as a remedy for the toothache, by way of fomentation." The Suffolk name of *Fenu-Greek* is of interest, for the Greeks called the great celandine *Chelidonion miga.* It attains a height of from one to one foot and a half. Flowers are of a dazzling yellow, axillary or terminal, pedunculated and umbelliform. Leaves are winged and deeply indented, of a delicate green colour above, bluish underneath. Root reddish brown, changes to black when dried. Juice is of a bright yellow colour, sticky, bitter, acrid, and even caustic. Plant—herbivorous, perennial; genus—chelidonium; family—papaveraceæ; class—polyandria monogynia.

see a practical experiment of it on himself,' and thereupon bade the surgeon, who was in attendance, extract one of his teeth in her Majesty's presence, which encouraged the Queen to submit to the like operation."

ON SLEEPING AND DREAMING.

By Charles Cobbe, M.R.C.S. Eng.

(Concluded from page 589.)

Indigestion is a frequent and well-known cause of troubled sleep, owing to the nervous connection and sympathy between stomach and brain. It is a form of indigestion that distorts the features of the little infant into what the fond mother imagines is a smile, caused by some heavenly dream, and that the angels are whispering to her darling, until this beautiful *ideal* is all destroyed by the stern *reality*, as "nurse" bluntly asserts that it is "nothing but the wind," and suggests a dose of dill-water.

Poets and authors, in their anxiety to obtain horrible ideas, have been known to sup greedily on such viands as cold veal, or underdone pork chops and toast-and-water, which would be as likely to produce a fit of apoplexy as a visit from the nightmare. But although hearty suppers, however wholesome, are generally supposed to be injurious, an empty stomach is certainly not conducive to sound and healthy sleep, during which nature carries on so actively the process of reparation and nutrition; for this of course requires that there should be a proper supply of fresh nutriment in the system. Most physicians, however, recommend that digestion, so far as the stomach is concerned, should be considerably advanced, or almost concluded, before lying down to rest.

In certain cases of cerebral excitement or debility, especially after illness, a person will often sleep soundly

after a full supper, owing probably to the nerve-power or energy being engaged by the stomach to the relief of the brain. In regard to suppers or late dinners generally, individual experience is far more valuable than any theory; though we may remember that animals which live a natural life, and are almost always in health, sleep regularly after taking their food.

The effects, produced by certain narcotic drugs, seem to take a place between ordinary dreaming, and somnambulism; and, although the symptoms which are first observed after an ordinary dose—that is, during the state of cerebral exitement and exaltation that occurs before the sedative power overcomes the system, and throws the patient into a deep slumber—are manifest while the taker is apparently still awake, yet the condition of the brain is certainly very similar to that of the dreaming state. The Cannabis Indica, or Indian Hemp, known also as Gunjah, and in Asia as Hashish, Sidhee, &c., is the most extraordinary of this class of poisons. At first there is a feeling of most extatic intoxication, with exhilaration of the spirits and unusual activity of the intellectual powers; then a host of strange and completely novel ideas flock into the mind, with the most fantastic and impossible creations, which cannot be driven away: and this state is, moreover, capable of being influenced and of taking a tone from external impressions. Thus, in the East, those who wish to taste of Paradise while under the influence of Hashish, surround themselves with all that is beautiful and enchanting. In the midst of elegant and luxurious objects and splendid scenery, listening to soft and delightful music, inhaling sweetest perfumes, or smoking the pipe of delight and quaffing delicious sherbet, while he watches languidly the graceful and expressive movements of the dancing women, the Oriental experiences all that he can imagine of a state of perfect bliss, until, still in his highest

heaven, he falls asleep to dream of still more extravagant and unearthly pleasures.

An European traveller who took this drug, or something of the same nature, experimentally, tells a strange tale of how it affected him. It was administered by a pretended sorcerer, in a distant part of Asia, under the name of "emerald drop." At first he struggled against the strange yet agreeable sensation that pervaded every part of his body, but he soon felt compelled to yield to the delicious fascination that ensued. The monotonous song of the enchanter merged into the most beautiful music; the cool smoke from the bubbling hookah tasted of nectar and ambrosia, while the cushions on which he was reclining seemed endowed with a gentle wave-like motion that was indescribably luxurious. The magician then unwound a large green shawl from his waist, and spread it on the floor, directing the traveller to keep his eyes steadily fixed upon it. Presently a kind of silvery mist overspread the surface, which slowly cleared away and discovered a vast green plain, terminating in shadowy distance; this soon assumed the features of a most gorgeous landscape, with, in the foreground, a garden scene more lovely and enchanting than could be conceived by the most imaginative while in an ordinary state; a lake of brilliant sapphire, with its mimic waves breaking in spangles on a shore of golden sand; islands of velvet verdure, and rocks of fantastic shape, composed of many-tinted gems, and scintillating with all the prismatic colours; fountains of variegated waters, the spray of which fell around in showers of diamonds; trees and shrubs of unknown foliage, with fruit and flowers of the most extravagant magnificence, interspersed with temples, statues, bowers and grottoes, the whole enlivened by birds, butterflies, and living creatures of every lovely form. While gazing on, and more than enjoying this wondrous vision, an

irresistible drowsiness overcame him, and his last recollection of it was that of its becoming peopled with winged beings of surpassing majesty and beauty.

In this case, the question occurs, whether the greater part was not in itself a dream, notwithstanding the assertion of the narrator that he was wide awake until quite the latter part of what he had witnessed.

Now, through all this there is generally a kind of consciousness that it is unreal and illusory; and such is more or less the case in all manner of dreams caused by narcotic medicines, whether in the half-awaking or sleeping state.

Opium is somewhat similar in its effects to the Indian hemp, though in a very much less degree as regards the first stage of its power: the real dreams it produces are, however, little less extraordinary. These vary much, according to the disposition of the individual. One remarkable phase of opium-dreams is the power which the mind seems to acquire of conceiving immensities of time and space, which we know is quite beyond all ordinary comprehension. An accurate illustration of this phenomenon is too difficult to attempt, even by those who have experienced it. De Quincy, after many years' enjoyment of opium-eating, apparently without any very serious results, gives a most graphic description of his dreams, when ultimately suffering from its pains and penalties. He speaks of "Those vast clouds of gloomy grandeur which overwhelmed my dreams at all stages of opium, but which grew into the darkest of miseries at the last; and that haunting of the human face which latterly towered into a curse." In describing one of his latest dreams, which seems to have impressed him with unusual horror, the chief phases were, solemn and awe-inspiring anthems —vast armies and infinite cavalcades, for ever filing off into eternity—the dread feeling that some great and fearful interest was at stake, with intense alarm and trepidation,

and the knowledge that all, all was lost—tempests of horrid human faces, and then a host of female forms, all inconceivably dear to him, with a moment only allowed to say farewell for ever—heartbreaking partings and eternal farewells, again and yet again reverberated.

Coleridge's *Ancient Mariner* has been called a splendid opium-dream; and doubtless many other brilliant authors have imagined some of their wildest and most beautiful compositions while under the influence of this drug.

In works on homœopathic medicine, where the "provings" of numerous remedies on the healthy body are minutely given, many have the power ascribed them of producing dreams of a particular nature. Thus, the dreams of *arsenic* are "full of cares, threats, repentings, &c.;" "of fires, black water, aud darkness." Under the head of *foxglove, lycopodium, hemlock,* and others, we find "anxious, frightful dreams of disease, death, poisoning, falling." *Creosote* has dreams of snow, of becoming emaciated, and of dirty clothes! *Arnica,* of mutilated bodies, upbraiding, and indecision. *Musk* has "vivid dreams, in which the passions are strongly excited." Many medicines also, if long continued, predispose to somnambulism.

Æther and *chloroform* produce, as is well known, a profound sleep, during which the patient is insensible to pain. If dreams while in this state are remembered at all, they are usually of a pleasant and soothing character.

In somnambulism and sleep-walking, the busy brain seems to assert its usual power over the muscular system —the dream is *acted;* and yet on awaking there seldom remains even the slightest recollection of what has occurred, or of the dreamland scenes which have been passed through. During this state, or when there is a predisposition to it, it is extraordinary how much more capable the train of thought is of being influenced by outward impressions, than in ordinary dreaming. Some-

times, by a little adroitness, somnambulists may be led to talk on any subject, especially if it be in answer to a familiar voice. Dr. Gregory tells a story of a young officer whose dreams could be directed by a friend whispering in his ear. He was once conducted through all the incidents of a duel, until the pistol was placed in his hand, and he awoke only at the report. On another occasion, when at sea, his comrades made him believe that he had fallen overboard; he accordingly struck out, as if swimming; suddenly he heard the cry of "a shark," and being told to dive for his life, he plunged headlong off the locker whereon he was lying, and bruised himself severely on the cabin floor. Again, while asleep in his tent a distant cannonading was heard, which seemed much to disturb him; and when his tormentors imitated the cries and groans of the wounded, and he asked who was down, they named his particular friends one after another; at last, when they told him that the men on each side of him were killed, he sprang from his bed, rushed out of the tent, and was aroused by stumbling over the ropes. He had no distinct recollection of his dream on awaking, but felt confused and uneasy, and seemed just to suspect that his companions had been playing tricks with him.

Some natural somnambulists seem to possess almost a double existence, as if they led two distinct lives, each continuous with itself, and yet the one not knowing what the other has been doing.

A young lady, during a long illness, was dreadfully affected by the loss of a favourite brother; on her partial recovery she became a somnambulist, and without, as is usual, first going to sleep naturally, would pass from the ordinary condition of one wide awake into the somnambulistic state. This was known to her friends by the change in her countenance, and the extraordinary appearance of her eyes, which remained wide open and staring

into vacancy; neither did she know in the least any of those around her. One one occasion a sister, who had been long from home, returned while the invalid was in this state; immediately the latter made a snatch at a locket suspended from the sister's neck, and struggled violently until she became possessed of it. This locket contained some of her dead brother's hair; and such was her agitation and excitement, that they tried gently to take it from her, but as this only made her worse, they desisted, and she soon after retired to her own room and went to bed, where, after hiding the locket carefully under the pillow, she presently fell into a natural sleep. It was removed before she awoke, lest she might find it there, and wonder what it meant; for she never had any recollection of what had occurred while in the sleep-walking condition. In a few days the somnambulistic state returned, while she was lying wide awake in bed. The first thing she did was to search for the locket, and she was greatly distressed at not finding it, exclaiming, as she pressed her hand to her forehead, "Where can it be; where can it be. I placed it there but a few minutes ago."

Now, even in natural or spontaneous somnambulism all the senses or faculties, sight only excepted, are most wonderfully increased and exalted; and this being the case, it is supposed that the young lady above alluded to may have distinguished her brother's hair in the locket by the sense of smell alone. This will appear less extraordinary when we see presently to what a truly miraculous extent this and all the attendant phenomena are apparent in induced or artificial somnambulism.

It is astonishing how very little will sometimes send a sensitive person into this state: a look from their mesmeriser, a few "passes" of the hand, or even simple expectation, has been known to produce it. Mr. Braid

ON SLEEPING AND DREAMING.

surgeon, published an interesting little work on this subject some years ago. The state he produced was called "hypnotism," and his method was as follows:—After seating the patient comfortably, he holds between the forefinger and thumb of the left hand some bright object (a silver lancet-case was frequently employed) about eighteen inches from the eyes, and so high above them that it necessitates a constant strain on the eyes and eyelids to keep it in view. He is directed to gaze steadfastly at this, and to keep his mind firmly fixed on this one idea. After a short time the pupils contract, then they dilate, and assume a wavy motion. If the fore and middle fingers of the right hand, extended and a little separated, be carried from the object slowly towards the eyes, the eyelids will close involuntarily with a vibrating motion; soon, if the legs or arms are gently elevated, they will remain in that position; that is, if he be sufficiently affected; if not, in a soft tone desire him to retain them extended. Generally, the pulse soon becomes accelerated and the limbs remain rigid. A current of air will then often excite their mobility; or by blowing on one eye, or pressing on the lid, the sensibility of that side only will be affected.

All manner of extraordinary experiments have been tried on hypnotised persons and somnambulists. They will write correctly with their eyes bandaged and a screen interposed, going back to dot the i's and cross the t's; and although, if the paper be moved, they will continue writing in a wrong place, yet, if told of it, they will find out where to go on, by feeling for the corner of the paper. The muscular sense may be so acted on, that, by placing the muscles in the position they would be in if performing any voluntary action, a corresponding mental state is at once called up. Thus, by bowing the head, profound humility is expressed. If the lips are drawn, as in laugh-

ter, a hilarious disposition is manifested, and a morose one if the eyebrows are made to frown. The attitude of fighting makes people pugnacious; and we have heard of two somnambulists, while thus excited, fighting in earnest, and being separated with difficulty. By stroking the muscles, and speaking confidently, the operator will cause the weak and feeble to raise heavy weights, and incapacitate the strong from lifting a handkerchief.

At the present time, a M. Zamoiski is giving a series of "extraordinary entertainments on electro-biology and mesmerism," in some of our provincial towns. In his programme he invites as many of his audience as will volunteer, to be operated on, when "The subjects will be deprived of sight, speech, hearing, and memory; they will be led to believe that water is vinegar, wine, or spirits, and will become intoxicated by drinking it. M. Zamoiski will throw pieces of money on the floor, and they will not be able to pick them up; he will make them believe they are in a snow-storm, and make them pelt each other with snow-balls; he will give them caps, and make them believe they are nursing babies; he will make them believe they are beset by a hive of bees; he will make one of the subjects believe that the other is a pump or a clock, and he will wind it up, and set his arm going as a pendulum,—the so-imagined clock will not be able to stop his arm from moving;" with many other extraordinary experiments, without any danger. And all this he does, as a provincial paper observes, "without any extraneous aids, such as half stupifying those whom he operates on by making them stare for a considerable time upon a small disc." The *Cambridge Chronicle* says, "Seeing is believing; and when we see members of the University, against whom no suspicion at connivance can lie, deprived in an instant of memory and the power of speech; made to believe that water is vinegar, or gin, or

brandy; afflicted with horrid parasites; incapacitated from doing any single thing which the operator says they shall not do, and so on, what can one say?"

We have before alluded to the wonderful manner in which all the senses, sight only excepted, are increased and exalted in somnambulists. They will distinguish sounds two or three rooms off, inaudible to all others; while the faculty of smell is exaggerated to such a pitch, that a glove being placed in the hand, he or she will, by smelling each one, readily find the owner, among a company of fifty or sixty persons. The same thing, it is asserted, has been done with a ring. Touch, and the sensibility of the muscular system, are miraculously affected. When sleep-walkers wander along the roofs of houses, and thread their way over narrow paths where one false step would prove fatal, this faculty seems almost to supply the place of vision; at the same time, the whole undivided attention is concentrated on one point, and there is, moreover, an utter unconsciousness of any danger.

The writer of a standard work on physiology, Mr. Carpenter, observes, "that in the state of somnambulism the senses, or some of them, are often endowed with wonderful acuteness, which causes the mind to be acted on by impressions that might be affirmed to be too faint to be perceived, and that these impressions will suggest trains of thought, and give rise to respondent actions, that are frequently of a kind that the will *could* not produce." The higher phenomena, such as clairvoyance, prophesying, seeing people miles away, and the like, he altogether repudiates. "Repeated personal examination," he says, "has led us to a negative conclusion." If clairvoyants really see through boxes, walls, and opaque substances, or read books placed behind them, or on the stomach, with other supernatural performances, it must be by the aid of some new sense, not optic, and as yet unknown.

Some years ago, a gentleman placed a bank-note, well wrapped up in a thick envelope, and left it at a bank, with the promise that it should be given to any clairvoyant who could accurately describe it; and there we believe it still remains, and is likely to do so.

MR. DAVID WILSON'S CRITICISMS.

By D. Wilson.

"Fiat Justitia, ruat Cœlum!"

The October number of the *British Journal of Homœopathy* contains an article, under the above heading, in which the Editors of that Journal recall their own error gratuitously given to me on a former occasion, and at the same time acknowledge some mistakes which I had occasion to point out in their New Repertory. In reference to the first named error, respecting Ng.'s symptom of Sarsaparilla, the Editors of the British Journal say: "We find that Mr. Wilson is.perfectly correct" [*and that we were wrong*] "and we are happy to give our testimony to this fact." I have ventured to fill up the elipsis, and with all due deference to the rhetoric of the learned Editors, I beg to submit that their period would have been better rounded and the spirit of discriminating justice more courteously considered, had their testimony extended to the fact of their own error as well as to that of my correctness: their readers moreover would have been spared the pain of witnessing the sorry subterfuge to which the British Journalists would seem to have recourse in easing their own shoulders of the yoke by trying to put it on their neighbours. In other words, they endeavour to make it appear that the absence of my "explanation" led them into error. This is a novel contribution to be imposed by Critics!

MR. DAVID WILSON'S CRITICISMS.

2ndly. The mistakes in the New Repertory.

"With respect to Mr. Wilson's remarks on the symptom of *bovista*, we willingly concede that the sense of the original has been destroyed by a clerical or printer's error."

"Mr. Wilson also points out an error in the New Repertory where a symptom of Lycopodium is by mistake printed under Ledum. We have corrected this in our copy."*

So far the Editors of the *British Journal of Homœopathy* admit the errors, which, despite all their pains, have crept into their work; and we should hail this humble confession as a good augury of the future did they not at the same time betray some of their old weakness in the restless anxiety which they evince to furnish plausible grounds of excuse for their shortcomings. *To be just,* I must quote their own language of apology:

"In the abridging, copying and recopying of thousands of symptoms, it is almost impossible *but that words will slip in where they ought not to be, drop out where they*

* Let me *in transitu* call attention to another error that requires correction, and which has just come in my way. At page 437 of Repertory, left hand column, under "5. Forenoon—abdomen." Lyc. is noted thus: "Up. Lyc. IX[1]. (31).; V[10]. VI[1]"—which I understand to mean—In the upper abdomen *griping* pains, ameliorated by walking; pressive, cutting, pains.—[in the same locality]. I shall produce the entire symptom in the German from which the first part of this erroneous translation, limited by the semicolon, is derived.

688. Shneiden im Oberbauche, alle Vormittage und schon früh im Bette, ohne Durchfall, bis Nachmittag, *durch Gehen vermehrt.*

Cutting in the upper abdomen, all forenoon and very early in bed, without diarrhœa, till afternoon, *increased* [not ameliorated] by walking.

The remaining symbolic cyphers, after the semicolon, which I have translated, have reference to upper abdominal pains, which are very imperfectly expressed however by these *signs,* when compared with the German equivalents.

are required, and become altered at press, and the alterations escape notice."

These are fearful admissions. And with every desire to guard against making the discovery of such errors the occasion for indulging in ill-natured sneers, they call up in the reader's mind a ghastly vision "of the work undertaken solely with a view to assist the practitioner." Were the poor practitioner given to hallucinations, he would shudder at the bare idea of being closeted with such a hideous skeleton: but the subject is far too serious to be approached in a tone of irony, or to be associated with dreamy speculations such as those suggested by the graphic pen of the British Journalists.

I am sorry to observe that the Editors of the *British Journal of Homœopathy* are somewhat oversensitive; and instead of making the *amende honorable* by frankly confessing their faults and expressing their regret at not having read up their subject and consulted the original before criticising those who had done so, they indulge in some unworthy recriminations and accuse me of being hypercritical and unjustly severe in my criticisms on translators. In answer to the first charge I can assure them that I have not made any special or "diligent search" to discover their errors; they have come naturally before me in the course of study: but I take nothing for granted. And my verification of facts may sometimes lead me to touch upon delicate ground. However, I only desire to reach the Truth, and if in my endeavours to accomplish this object, I am sometimes obliged to sacrifice individual feeling to the general interests of mankind, I can only plead the *Cause* as my excuse.

The second charge of being unjustly severe towards other translators, impels me to recapitulate all the special points under consideration, and to submit them to the fair and impartial judgment of my readers. I fear I must

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quote at some length in order to render our individual positions intelligible to those who may be interested in following us.

While I was engaged in the somewhat ungrateful task of seriously pointing out the untrustworthiness of Dr. Hempel's translations of Hahnemann's Materia Medica and Chronic Diseases—the *British Journal of Homœopathy*, Oct. 1862, in an article which appeared under the derisive heading of "Love's Labour Lost," treated my earnest and well meant efforts in a spirit of levity unbecoming so serious a subject as that under discussion, and in an undignified and flippant tone, little in harmony with the spirit which should influence the Editors of a scientific journal, they endeavoured to stigmatize Dr. Nenning, one of our most active and conscientious provers, as a "*bogus prover*," whose assumed initials, Ng. should be read "No Go," and whose recorded symptoms of Sarsaparilla they wished all eliminated from the Materia Medica. Let me quote the British Journal: "These omitted symptoms of Sarsaparilla Mr. Wilson supplies, and suggests that they who have Hempel's translation should restore them to their proper place in the work, that they may be able to study the entire sphere of action of Sarsaparilla. To this proposal we altogether demur. . . . . Hempel has in a rough and imperfect manner attempted to winnow some of this chaff out of our Materia Medica; we are only sorry he has not performed his task more thoroughly. We cannot therefore see the use of restoring all this rubbish."

Such were the opinions of the British Journal in October 1862. Nine months later they would seem to have undergone a marked change. We do not cavil at this. *Tempora mutantur, et nos mutamur in illis.* In the following (November) number of the *Homœopathic Review*, I informed the Editors of the *British Journal of Homœopathy* that Drs. Hartlaub and Trinks vouched for Ng.

being a physician who had rendered great services to Homœopathy, and who was an accurate and concientious observer. For many months nothing more was heard of Ng., nor of "Love's Labour Lost," from the *British Journal of Homœopathy*. My papers continued to be published in the *Monthly Homœopathic Review*, and in the second number, 1863, page 336, when analyzing critically Dr. Cockburn's Defence of Hempel, I had occasion to write, "The peculiarity of the white coated tongue belonging to *Sarsaparilla*, is, that it occurs in the early morning [früh], and that such coating has no *un*natural taste belonging to it. In fact, the *original text** of the *prover* expresses this more strongly *than does Hahnemann's version of it.*" And at page 338—"I may here remark, that on revising my criticisms of Hempel I find he has been leniently dealt with. I have left unnoticed his omission of the word "stets"—constant or lasting, which gives a more marked character to the symptom than does Hempel's translation. Here *again*, on *referring* to the "Original," I find that sweetness has even been characterized thus—"Sussholz," &c. Surely, having just read at page 336, that the "*original text*" was not Hahnemann's, there could be no difficulty in comprehending, with the use of the word "*again*," at page 339, that the "*original*" was still not Hahnemann's. He must be a dull dog indeed who could not see this: but there are none so blind as they who will not see! I beg the reader to bear in mind what I have just said about *original*

* This means the text in Hartlaub and Trinks' *Arzneimittellehre*, published in 1829, where Ng.'s proving of Sarsaparilla is recorded. Hahnemann however, as I shall hereafter have occasion to show, published a proving of Sars. in his 4th volume of *Arzneimittellehre* in 1825, which I shall in future call, as it truly is, *the original proving of Sarsaparilla.*

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text, and to observe that it is evidently not Hahnemann's, in either instance, that is meant.

After a lapse of nine months, the *British Journal of Homœopathy*—July number, 1863—subjects my papers to a more sober and serious review, to which I need not however refer, here, further than to state that the "rubbish" which they had previously rejected in so contemptuous a manner, seemed to have acquired some value in the *dust bin*, since the learned editors condescend to play the *scavenger*, and pick out this rubbish to use it in the fair fabric of their homœopathic literature. "Loves labour" also appears not to have been quite "lost," for the *British Journal* discovers that not only was my criticism of Hempel "*just and valid*," but that "in eleven examples [of sixty symptoms examined by reviewer, the entire number being 561] the *alteration* [made by me] was so *important* as to *restore* the *essential characteristic* of the symptoms, which had been *lost* by *omission* and *incorrect rendering*." *Ab uno disce omnes!* In answer to the article containing the above admissions, I wrote some "Fragmentary remarks" in the *Monthly Homœopathic Review* of August, and in the September number I gave a long extract from the same article. In the course of my remarks I had occasion to correct some errors made by the *British Journal* charging me, in one instance, with having mixed up in my critique of *sarsaparilla* a symptom to be found only in *sabadilla*, as they thought, because it had *sussholz* or liquorice-wood *sweetness*; the editors of that *Journal*,—through negligence, I presume, in not referring to Hartlaub and Trink's Arzneimittellehre, where they would have found that *sarsaparilla* has a like symptom—not being aware that the latter had any such symptoms belonging to it. The readers of the *Review* may perhaps remember that in calling attention to the error of the *British Journal*, I pointed out the distinctive

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difference between the sweetness of *sarsaparilla* and that of *sabadilla*, shewing the sweetness of the former to be by far the most important and *lasting* (stets). Now I challenge the most astute critic to find one word of complaint or censure uttered by me against Hempel's translation, in reference to *sweetness*. I am therefore at a loss to understand what the Editors mean to imply by: "we could not find out why Mr. Wilson *found fault* with Hempel for omitting in a translation of Hahnemann a word that was not contained in Hahnemann's book." I dwelt upon "stets" in particular as Hempel's omission. He certainly could not translate words which had been left out in Hahnemann's version of Hartlaub and Trink's text. He stands convicted of quite enough errors without unjustly augmenting his responsibilities. Why, therefore, should the Editors of the *British Journal* associate him with Süssholz? If they will kindly take the trouble of referring to the June number of the *Homœopathic Review*, and read carefully my analysis of Dr. Cockburn's Defence of Hempel, they will find that I merely introduced Süssholz to show the amount of minute individualisation that was exacted by Homœopathy. If I had a complaint against any one it was *not* Dr. Hempel on this occasion. Süssholz is a characteristic sweetness not at all likely to have been purposely omitted by Hahnemann as the *British Journal* suggests. The idea is untenable.

My "Fragmentary Remarks," in the August number of the *Homœopathic Review*, pointing out the errors in the New Repertory, and proving besides that I was not the party in error with regard to *süssholz*, appear to have offended the editors of the *British Journal of Homœopathy*, hence, I presume, the miscellaneous article headed "Mr. David Wilson's Criticisms," in which a variety of plaints are jumbled up, having no connexion whatever. As is usual under such circumstances, there is a good deal of

special pleading of a very clumsy character, betraying either unaccountable stupidity or shallow Jesuitism.

The Editors of the *British Journal* ask what right I have to surmise that Hahnemann in his old age was at the mercy of some unscrupulous copyist. I reply, the evidence is to be found not only in comparing Hartlaub and Trinks' text of Sarsaparilla with the version of the symptoms incorporated into Hahnemann's chronic diseases; but also in the alterations and omissions in the symptoms originally contributed by such men as Hartmann. In proof of this statement I beg to submit that, Hartmann contributed, as one of Hahnemann's reliable provers, 47 symptoms to Hahnemann's original *sarsaparilla*, and in these provings Hartmann gave the time when the symptoms occurred as follows: symptom 4, after half an hour. Symptom 9, after half an hour. Symptom 10, after 1¼ hour. Symptom 12, after 7 hours. Symptom 14, after 1 hour. Symptom 17, after 7 hours. Symptom 29, after 2 hours. Symptom 30, after 3½ hours. Symptom 34, after 4½ hours. Symptom 35, after 2½ hours. Symptom 43 after 2¾ hours. Symptom 48, after half an hour. Symptom 51, after 4 hours. Symptom 57, after 4 hours—the only symptom among these in which time is not omitted by Hahnemann in his chronic diseases. Symptom 69, after 14½ hours. Symptom 78, after 1½ hour. Symptom 80, after 2 hours. Symptom 85, after 2½ hours. Symptom 90, after 3½ hours. Symptom 95. after half an hour. Symptom 96, after 3 hours. Symptom 97, after 3½ hours. Symptom 99, after 7½ hours. Symptom 101, after 4½ hours. Symptom 102, after 2—6 hours. Every one of these periods of time when the symptoms occurred as registered by the veteran Hartmann, and adopted by Hahnemann in his original *sarsaparilla*, in all 26 times, have with the exception of 57 been *omitted* in Hahnemann's version of the *sarsaparilla* in his chronic diseases.

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The symptoms contributed originally by Herrmann have been treated in the same manner.

Besides these omissions I find the text of the original has, in some instances, been altered to its deterioration in the chronic diseases. For example, we read as follows in

Hahnemann's Original Sarsaparilla.	*Hahnemann's Sars. in Chron. Krank.*
Symptom 29. Heftiges Drücken und Zusammenpressen im *linken* Ohre, welches in die Schläfe überzugehen schien und hier ein Pressen verursacht (n. 2. St.) HARTMAN.	Im Ohre heftiges Drücken die Schläfe, wo es presst.—und Zusammenpressen, bis in (HTM.) This version fails to characterise the ear by omitting *left*. The *time* when the symptom occured is also left out. The natural character of the pain is also too abrupt in this version.
35. Ein feinstechendes Jücken um den Hals, die Schutern, im Gesichte und auf dem Haarkopfe, mit Empfindung grosser Wärme an diesen Theilen; durch Kratzen *beruhigte es sich an der einen Stelle*, fing aber sogleich an einem andern Orte wieder an (n. 2½ St.) HARTMAN.	Feinstechendes Jücken im Gesichte und auf dem Haarkopfe, so wie um den Hals und die Schultern, mit grossem Wärme-Gefühl an diesen Theilen, nach Kratzen sogleich an einem andern Orte beginnend. (HTM.) We have the omission in this version, *of relief in the place scratched* before the itching immediately began at another place.
51. Schmerzhaftes Einwärts-Drücken und Kneipen in der linken Seite des Unterleibes, auf einer kleinen Stelle, durch Tiefathmen verschlimmert, beim Anfühlen unverändert (n. 4 St.) HARTMANN.	Schmezhaftes einwärts Drücken und Kneipen in der linken Bauch-Seite, auf einer kleinen Stelle, nur durch tief Athmen verschlimmert. (HTM.)
Painful pressure inwards [from without], and pinching in the left side of the abdomen, on a small spot, *increased by deep breathing, unaltered by touch* (after 4 hours).	Painful pressure inwards, and pinching in the left side of the abdomen, on a small spot, *increased only through deep breathing.*

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I have translated these two symptoms in order the more readily to point out an important difference where at first sight none might seem to exist. It will be observed, however, that the original German tells us exactly what was done and what happened. I have italicised the parts in each where the difference occurs. In the first we are told that the pain was increased by deep breathing, and that touching the part caused no alteration. The translation arising from the version of the symptom given in the chronic diseases says, that the pain was *only* increased by deep breathing. Therefore the merely neutral or negative effect of touching the part is made to imply that no other circumstances, as rough feeling, bending, twisting, coughing, rough walking, etc., would have had any effect in increasing the pain. This brief example will I trust show the great necessity for rigour in the language of symptomatology—and this rigour Hahnemann enjoins. We have an admirable and *minute* example of this in the next symptom:

Hahnemann's Original.	*Chronisch: Krankheiter.*
66. Stiche mitten auf der Brust, neben dem Brustbeine, ohne Bezug auf *Ein-* oder *Ausathmen.* (HARTMANN.)	Stiche mitten auf der Brust, neben dem Brustbeine, ohne Bezug auf Athmen. (HTM.)
According to this original text we have inspiration and expiration carefully noted. But it is often during one of these *only* that symptoms occur.	Stitches in the middle of the chest, near the breast bone, without reference to breathing. [Inspiration and expiration constitute breathing].
78. Ziehend stechendes Reissen in den innern Muskeln des *linken* Vorderarms (n. 1½ St.) (HARTMANN.)	Zeihend stechendes Reissen au der Inseite des *rechten* Vorderarmes. (HTM.) Here we have *right* forearm, the *original* being *left.*
80. Reissender Schmerz an der obern Seite über dem linken Handgelenke herüber, der	Reissen über den Vorderarm, oben, hinter dem Hand-Gelenke, mit ziehend reissenden

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mit ziehend reissenden Stichen nach dem vierten Finger zu geht (n. 2 St.)—(HARTMANN).

Tearing pain in the upper side over the *left* wrist, extending with drawing tearing stitches to the *fourth* finger.

Stichen nach dem Finger zu. (HTM.)

Tearing over the Forearm, superiorly, behind the wrist, with drawing tearing stitches towards the finger.

[In this version neither the wrist (*left*) nor the finger (*fourth*) have been characterised.]

Then with regard to Hahnemann's appropriation of 347 symptoms of *sarsaparilla*, which have been incorporated in his fifth volume of *Chronic Diseases*, from the Materia Medica of Hartlaub and Trinks, I find that liberties, prejudicial to the original, have been taken with a great number of them. If space permitted I would give some illustrations. The time when the symptoms occurred after the ingestion of the drug has been here also often entirely set aside. Most important symptoms have been bracketed (a fault I have observed occasionally in the *New British Repertory*), and other liberties taken with them which have greatly destroyed their value as they are now represented in the fifth vol. of *Chronic Diseases*. Assuredly this was not the work of Hahnemann, and I again venture to submit that nothing could be more likely, than that he should employ some help when we recollect that he was about 85 years of age when the most laborious of his volumes of *Chronic Diseases* made its appearance.

There is abundant evidence to prove that the *time* whether in reference to the period of the day, or after the ingestion of the drug, when the symptoms occurred was a most important point with Hahnemann upon which he spoke out plainly enough. About the duration of drug-action he was most particular even in his latest writings. Noting the time after ingestion helps to give us a clue to the sequence of symptoms and the genius of the drug.

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He says in the Organon, § cxxxix, "When the physician does not make the trial of the medicine on himself, but gives it to another person, the latter must note down distinctly the sensations, sufferings, accidents, and changes of health he experiences, at the *time* of their occurrence, mentioning the *time* after the ingestion of the drug *when* each symptom arose, and, if it lasted long, the period of its duration." Also in § cxxxiii, when giving minute directions how provers should proceed in order to elicit and examine sensations under various phases and conditions, Hahnemann says, "And at the same time to note at what time of the day or night it usually occurs in the most marked manner, whereby what is peculiar to, and characteristic of each system will become apparent." Then let us see how invaluable *time* amongst other individualities becomes in the hands of those who know how to apply it in practice. Bönninghausen says, and from experience I can confirm it, "The exacerbation and improvement of the symptoms according to *time, condition,* and *position,* is still more correct than the difference of the sensation and external phenomena. . . . . In completing and determining with more care the symptoms which the drug has yielded in proving it, we have especially to observe three points. The first point is, that certain drugs do not manifest all their symptoms at the same *time,* but some symptoms at one *time,* some at another. For example, the chest and head symptoms of *am. mur.* have their exacerbation in the *morning,* the abdominal symptoms in the *afternoon,* and the symptoms of the limbs, skin, together with the feverish symptoms, in the *evening.*" We mention these periods of time to point out the minutiæ to which we must direct our attention. Not only are we to note the time of the day but "*the time after the ingestion of the drug when each symptom arose, and, if it lasted long, the period*

of its duration." It is this latter requirement of Hahnemann's upon which I especially dwell as having been so unaccountably omitted in *transcripts* and *translations*.

Another experienced and accomplished veteran in homœopathy Dr. Constantine Hering says, in that admirable essay of his—"On the Study of the Homœopathic Materia Medica," translated in the *British Journal of Homœopathy*:—"The differences [between allied remedies] sometimes lie in the combinations of symptoms, whereby they may present resemblances to perfectly different diseases. More frequently, and much more clearly are those differences expressed in the conditions under which the symptoms occur; these are often exactly opposite: thus the very similar headaches, produced by *bell.* and *bry.*, occur in the former in the *evening*, in the latter in the *morning*; these differences are sometimes very gradual; thus most of the exacerbations of *acid. nit.* occur in the *evening*, those of *acid. mur.* before *midnight*, those of *acid. sulph.* after *midnight*, and those of *acid. phosph.* towards *morning*, but all the acids present nocturnal aggravations."

I might go on quoting ad infinitum to prove the necessity of accurate drug diagnosis in every individual particular, in which *time* plays so important a part, before we can hope to practise successfully, but I think enough has been said to prove the importance of *time* being noted. I therefore again insist that it is utterly beyond belief that Hahnemann *himself* could have defaced *sarsap.* as I have shown it to be in his fifth vol. of *Chronic Diseases*.

I now leave the matter to the investigation of the Editors of the *British Journal of Homœopathy*.

Respecting the notes to which they allude depreciatory of Ng., attributed to Hahnemann but *without* his signature, which he attaches to some other notes, *e.g.*, that of Agaricus, I shall hereafter have something to say on this

subject, unless Dr. C. Hering or some other equally able writer anticipates the task—a contingency greatly to be desired.

I can prove as formerly stated that several of the symptoms in *alumina* and in *magnesia carbonica*, and other drugs, contributed by Ng. which Hahnemann *appropriated* have, in other hands as well as mine, established his trustworthiness as a conscientious and able observer, despite the negative epithets of the *British Journal*. In justice to Ng. let me take this opportunity of adding that we are indebted to him also for the valuable symptoms of *gamboge*.

We will now examine a little in detail the "clerical" and "printer's errors," previously referred to, and perhaps the Editors of the *British Journal* will be good enough to inform us whether the following specimens, from among many which I have marked, be also due to a dropping in or a dropping out of words or both. In the first vol. of the *New Repertory*, alias, the *Pathogenetic Cyclopædia*, we find at page 28 of that work, under *sarsaparilla*, that symptom 5 of Hahnemann's Chronischen-Krankhieten: "Grosse Aengstlichkeit, erst im Kopfe, dann im ganzen Körper, mit Zittern, am meisten in den Füssen," is translated: "Great anxiety, first in the head, then in the whole body, with trembling, chiefly in the *legs!*" With all due deference I should have translated Füssen *feet* instead of "*legs!*" I should like to know the source whence this translation is derived, which certainly eclipses that of either Oberschenkel or Unterschenkel.

Let us look again at page 115 of the *Pathogenetic Cyclopædia* where we read under Bovista (cheerful humour, openheartedness, courage and strength). I can find no German "original" for this in Hartlaub and Trinks, the source of the original Bovista. I find the symptom, however, in Trinks and Noak's Handbuch

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thus: (Heitere Laune, Offenherzigkeit, Muth und Kräftigkeit), which is a most unwarrantable and destructive condensation by Trinks and Noak of three symptoms into one.*

They stand in Hartlaub and Trinks thus:

Symptoms.	*Translation.*
26. Sehr offenherzig; sie sprach, gegen ihre Gewohnheit, von ihren Fehlern. (S.)	Very open hearted; she spoke, contrary to her custom, about her mistakes.
27. Redselig. (S.)	Talkativeness.
28. Sehr muthig und Kräftig; er hätte sich mit Jedermann schlagen mögen. (S.)	Very courageous and strong, he could have fought with every one.

Here we have in the original (symptoms 26 and 28) evidence of Bovista action on male and female, and *how* it acts on the sexes individually. This knowledge we could not acquire by Dr. Dudgeon's translation from Trink and Noak's condensation. Yet Dr. Dudgeon in his preface says: "I have translated all the symptoms from the *original provings*, and I therefore *consider myself responsible* for their *accuracy*."

Symptom.	*The original says.*
102. Has been translated—"Sudden obtuse shooting like boring deep in the right side of the head, with stupid feeling."	Sudden obtuse shooting, like boring, deep in the right side of the head, *so that she could have cried out*, (dass sie hätte schreien mögen,) with stupid feeling.

Surely the Editors (Drs. Drysdale and Dudgeon) of the *British Journal of Homœopathy* will not deny that there is a very important difference between these two translations? In that adopted by the *Pathogenetic Cyclopædia* we lose sight of the sex as well as the characteristic severity of the pain—a loss of no mean importance.

* Surely the translator does not mean to tell us that translations, from Trinks and Noak's Handbuch, and Ruckert, of which I have found several, are synonymous with the "original sources?"

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With regard to the *period* at which the symptoms occurred, the omissions are *wholesale* in the translation of Bovista, but it is only fair to state that *time*, especially that after the ingestion of the drug, is almost entirely overlooked in the translation of the other medicines, so that this may be a plan peculiar to the *Pathogenetic Cyclopædia*. But it would be interesting to know upon what authority such liberties have been taken with important points in translation. The greatest integrity ought to be observed in translations of symptomatology, and the minutest points of the original preserved, despite the prejudices and self-sufficiency of the translator. We want truth, and let us have the privilege of judging for ourselves as to the value of details. After the assurances given that the translation is strictly in accordance with the original we have a right to expect accuracy. In addition to other numerous omissions in Bovista, I find no translation of the following symptoms, of which only *two* belong to Ng.!

19. Er sieht oft Minuten lang gedankenlos vor sich hin.—(S.)	He often looks for several minutes thoughtlessly before him.
20. Höchst gleichgültig gegen alle äusseren Gegenstände (n. 9 T.) (Hb.)	Extreme indifference to all surrounding objects, (after 9 days.)
24. Sehr aufgeheitert; das Leben kam ihr sehr angenehm vor, des Morgens; gegen Abend aber verstimmt und ärgerlich. (S.)	Very joyful; life appeared to her very pleasant, in the morning; but towards evening she was dull and cross.
25. Bald schien ihm das Leben sehr reizend, bald war es ihm verhasst. (S.)	Sometimes life appeared to him very pleasant, other times hateful.
40. Schwindel, einige Minuten lang. (S.)	Vertigo, lasting some minutes.
42. Nach Aufrichten vom Bücken, schwindlich und betäubt und wie wirblich im Kopfe (d. 1 T.) (Ng.)	After rising from stooping, dizzy and stupified like a whirling in the head, (1st day.)

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73. Beim Eintritte ins Zimmer, nach Gehen in kalter Luft, zusammenpressender Schmerz an beiden Kopfseiten (d. 8 T.) (Ng.)	On entering the room, after walking in the cold air, compressive pain in both sides of the head, (8th day.)

Symptoms 26, 27, 28, are bracketed in one symptom, as we have already pointed out.

Symptoms 95 and 96 are bracketed.

Symptoms 103 and 104 are bracketed.

Wuwwern, *buzzing*, has been translated *gurgling*.

Gehirn, *brain*, has been translated *head*.

Oberkopfe, *top of head*, has been translated *vertex*, as if it were synonymous with Scheitel.

Some symptoms of other drugs are not only imperfectly but wrongly translated.

Three hundred and *twenty-three* remedies enter into the compilation of the *Pathogenetic Cyclopædia* inclusive of *coccus cacti* in an appendix.

Three hundred and *three* remedies enter into the composition of the second volume of the *New Repertory*. *Forty-seven* of the remedies in the *Pathogenetic Cyclopædia* are nowhere to be found in the second volume or *New Repertory*. *Twenty-seven* remedies in the latter are not to be found in the *Pathogenetic Cyclopædia*. Here we have a glaring disparity in the number of remedies contained in the two volumes, which may perhaps be of no moment, but it destroys the unity and completeness of the first and second volume of the *New Repertory*. I am at a loss to understand how such a work can assist the practitioner. It is rather calculated to embarrass him. How are we to compass the totality of symptoms under such circumstances? It would be of little use for example to take notice of any head symptoms registered under remedies in the *Pathogenetic Cyclopædia*, if those remedies were not to be found in the subsequent parts of

the *New Repertory;* and, *vice versa*, it would be of little use taking notice of symptoms found under remedies contained in the second volume of the *New Repertory* if the head symptoms belonging to them were not to be found in the first volume or *Pathogenetic Cyclopædia.* I must leave this tangled web to be unravelled by the compilers of these works. Some explanation for this irregularity is certainly due to subscribers and to the profession.

From the foregoing it will be seen that my criticisms of British Homœopathic Text Books have been, hitherto, almost exclusively confined to a few symptoms of *bovista* in the *Pathogenetic Cyclopædia*, or *first* volume of the *New British Repertory.* In the course of study and practice, however, I have noted numerous errors and omissions in regard to other drugs, as I think I have before observed. This is not surprising, when we remember that 323 remedies are laid under contribution in the compilation of its three chapters,—"Disposition," "Mind," and "Head," comprising various subdivisions, where the peculiar process of "dropping in" and "dropping out" furnishes ample material for animadversion, had mere criticism been the sole object of my labours. But I disclaim such an hypothesis.

"Man kann nur thun was er kann."

Goëthe's aphorism is as applicable to-day as it was yesterday; nevertheless, we should be grateful for the smallest intellectual efforts in a good cause. I have never indulged in ill-natured sneers at any man's conscientious labours in the right direction. On the contrary, I should be rather zealous to recognise them, knowing too well, from experience, the toil and anxiety which they cost.

On the other hand, whilst engaged in the discovery of truths of the most vital importance to suffering humanity,

we ought not, from any personal considerations whatever, to pass over errors which form stumbling-blocks in a student's path. I repeat, then, that such a mistake as "objects appear closer *together*," substituted for "*in spite of all assurances the scissors appeared to her to be close before her eyes*," ought not to have crept into a part of the *Repertory* compiled by one of the "German reading members." And I leave the readers of the *Review* to determine whether my remark was "unjustly severe."

I have not met with any practitioner, amongst the few who have endeavoured to learn how to use the *New Repertory*, who have had patience enough to persevere in mastering it. Nevertheless, they ought to persevere patiently until they overcome the difficulties, if only to learn the necessity of becoming acquainted with the minutest details, before they can hope to practise homœopathy with any degree of success.

Let us now see what the *British Journal* has to say on the

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published in the *Review* of July last. In the translation of "Nasen-Muskeln erst wie ausgedehnt; dann wieder zusammengezogen und verkurzt, wie aufgestülpt," *i. e.*, The nasal muscles are first expanded, then again contracted and shortened, as if turned up—I am accused by the Editors of "'manufacturing' a verb [because I have used the word *are*] and omitting an *adverb* [wie], thereby completely altering the sense of the symptom." Nevertheless, they tell us that "The ambiguity of the sentence is, no doubt, considerable." Let us pause a moment while we examine the grammar. I am quite open to correction, as I grant that I have translated the symptom freely; but wherein have I altered the sense of it, if their own *revised* translation is now the correct one—"Nasal muscles first as if expanded, then again contracted and shortened, as if

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turned up." They still seem in doubt, however, as in the very next line but one they say, "The symptom will better bear the interpretation Jahr gives it" ("Nasenkrampf"). That of course better *admits*, in their opinion no doubt, of the translation erroneously given under "*Ledum*," at page 85 of the *New Repertory!* Perhaps we shall hereafter be informed which of the translations they have finally made up their minds to adopt.

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Where have I omitted an *adverb?* With due submission, it will be found, I think, that *wie* is here a conjunction meaning as, or, *like;* when *wie* is an adverb it is translated "how." Let the Editors apply this translation and see the nonsense it makes. "Nasal muscles first *how* expanded, then again contracted and shortened, as if turned up." Were I to revise my own translation, I should render the first *wie* by "like." We have after the *first* act of *expansion* a comma, then we have the *continuative* conjunction (dann)—then—and the adverb (wieder) again, anew, afresh, connecting the meaning thus: Nasal muscles first *like* expanded, *then again* contracted and shortened; with the additional descriptive words (wie aufgestülpt) *as if turned up.* The words employed, as well as the entire structure of the sentence, convey the impression that it was a very carefully *observed,* or objective, symptom. Is it at all likely that a mere "cramp"-like action would have had so much careful explanation bestowed upon it? What do these critical scholars mean when they tell us that the first "wie" "*probably* governs the contraction as well as the expansion"? Will they have the goodness to point out the rule for such an hypothesis? The use of the auxiliary verb in my translation does not alter the sense of the sentence. Were I to retaliate, and review in this spirit the translation of the *Organon* by "our own

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D——n," I should certainly not have to carp at *wee* words, but at the manufacture of past participles and other "auxiliaries," nowhere to be found in the original of Hahnemann.

Most probably the *lycopod.* symptom was observed in children, as we find Hahnemann making frequent reference to them in his symptomatology of that drug. The editors continue: "There is certainly no evidence in the words of the symptoms themselves to show that there was more than one act of expansion followed by another act of contraction, but how long each act lasted is not said." This is a very weak and childish objection to the symptom. Surely one physiological act may be repeated and assume regularity for a time, through the same anatomical and vital mechanism as the first act, if the *excitant* to such action be maintained through any cause. The next most astounding objection to the symptom being an objective one gives us a clear insight into the method by which books are made, and reveals the secret of omissions being so numerous in compilations.

My critics observe: "What *might* lead one to think that a mere muscular spasm was implied by this symptom is—1st. That it is not mentioned as being connected with any symptom of the respiration; and 2nd. The position of the symptom in the schema, it being among symptoms belonging to the nose itself, whereas had it been a respiratory symptom it would naturally come in among the respiratory symptoms of the schema." If such a fallacious proposition as this had come from any other source than the *British Journal of Homœopathy*, I should have recommended its author to study the Materia Medica. They even admit at the same time that "a rapid movement of the *alae nasi* attends most diseases where the respiration is much accelerated"! Some of our most important symptoms which enter into the totality of a case are not to be

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found anywhere under the arbitrary anatomical divisions into which translators have arranged Hahnemann's Materia Medica. We sometimes find symptoms under "mouth" in these translations that should certainly have had a place in the *Pathogenetic Cylopædia*, or at all events under mouth or tongue in the *New Repertory*, if importance is only hereafter to be given to symptoms in accordance with their position in the *schema*. In neither of these volumes have I met with the following important symptom of *cannabis* contributed by Franz. It is placed under mouth in some of the English translations:

76. Er konnte gar nicht ordentlich sprechen; bald gebrach es im an Worten, bald an der Stimme selbst (4 Stunden lang); gegen Abend wiederholten sich die Anfälle, es war bald ein Strom von Beredtsamkeit, als jagte man ihn, bald ein Stocken in der Rede, dass er zuweilen dasselbe Wort zehn Mal nach einander in einem Odem aussprach, zuwielen den ganzen Gedanken ängstlich wiederholend sich ärgerte, wenn er ihn nicht mit denselben Worten wiederholen konnte. (Fz.)

He could not speak at all naturally; at one time words failed him, at another the voice itself (for 4 hours); towards evening the attacks returned, at one time there was a stream of eloquence, as if he were spurred on, at another an interruption in the speech, that he sometimes pronounced the same word ten times in succession in the same breath, sometimes anxiously repeating the whole idea vexed himself, if he could not repeat it with the same words.

The Materia Medica is full of illustrations, and many far more pertinent than this, to prove the absurdity of selecting only from sectional and regional divisions in the compilation of Repertories. To compile a trustworthy Repertory every remedy should be studied in its entirety, and not be made up from symptoms partially culled from arbitrary divisional sections. In fact there is scarcely an arbitrary sectional division of our *Materia Medica* in which we do not find symptoms that have reference to

other parts of the body than those in which they are placed. I repeat, this objection of the *British Journal* Editors gives us a clear insight into the scissors and paste process by which books are compiled.

The Editors of the *British Journal* appear to have no fixed ideas of their own when their judgment is taxed. We have seen how they veer about in the translation of *lycopodium* symptom—the sentence has *considerable* "ambiguity" about it—then they venture to assert that no such symptom exists. "Unconsciously Mr. Wilson has furnished an exquisite illustration of symptom hunting." I thank the editors of the *British Journal* for associating me with a game so beneficial to those in whose interests it is undertaken. I wish I could persuade a great many more of the Profession to join in the pastime, it would serve the cause of homœopathy far more than their book making, although it might not perhaps serve their own interests so well. I demur, however, to the "false scent," and have shown that the symptom to which I have called attention *has a place* in the Materia Medica. But supposing it had not. Would not the steady observation of a particular symptom, during twelve of the eighteen years I have studied homœopathy in a large experience, have some value in reference to that symptom?

This question has been already answered in the affirmative by men whose scholarly attainments and accurate appreciation of the German and English languages, constitute them authorities on such subjects and entitle their acknowledgments, in relation to the value of the symptom to which I have called attention, to the utmost respect, despite its being in direct opposition to the declaration of the *British Journal*, that the nasal action of *lycopodium* "has no parallel in the recorded symptomatology of the medicine." The *American Homœopathic Review* also has done me the honour to *re-publish* the case in full, with

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an approving note of introduction. I am proud to acknowledge here, the commendation of such men as its scholarly Editors and Essayists.

Finally, we come to what the "*small fungi tribe*" probably chuckle over as the *British Journal clincher!*

"That Mr. Wilson was guided to the selection of *lyc.* in the case of pneumonia recorded by him in the *Monthly Homœopathic Review* for July, by something quite different from a rapid movement of the alae nasi, is evident from his own report, where he tells us he prescribed *lyc.* in reply to a telegram from Dr. Capper, wherein there is no mention of this symptom." If the editors will again refer to my "report," they will find that I received the telegram "*before* Dr. Capper had time to reach" the patient. No doubt the meagre information contained within the limits of a telegram often forms insufficient data upon which to base a prescription. Nevertheless it must be remembered that I knew something of my patient; and as I said in my report the post had brought me a letter before I received the telegram, and from these combined, added to my previous knowledge of the patient, and the remedies she had taken, I prescribed to the best of my knowledge under the emergency. The result proved the propriety of my selection, which was confirmed when I saw the patient. Nevertheless the nostril symptom did not alone satisfy me, in the course of examination I noted *eleven* other remedies for study *if required.* These remedies were noted in correspondence with symptoms, in the presence of Dr. Capper, with the aid of my repertories, Bönninghausen and Müller. Without one or both of these I scarcely ever enter a sick room. Those of Jahr, Possart and others I hold also in reserve if I travel any distance, for unlike some of my more sensitive brethren I am not ashamed to shew the source whence I draw my inspirations! When none of the other medicines noted had the nasal action with which I was perfectly

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familiar, of course I naturally compared it first with the symptoms of the case before me, and finding a perfect harmony both in the indications and counter-indications between *lycopodium* and the case (which even the brief telegram points out), I did not waste valuable time in studying the other remedies which I had noted. I should have studied them, however, had any strongly marked symptoms outweighed, in my judgment, the importance of the nasal action belonging to *lycopodium*. The practitioner who relied on *one* symptom *alone* in the treatment of a patient suffering under a grave and dangerous malady, would but imperfectly comprehend the spirit of the homœopathic principle and the law of selection. An intimate acquaintance with characteristics, however, very materially curtails our labour in making a selection. A single well-marked characteristic in a patient will lead us often to employ the same remedy in a variety of different affections, as we generally find that the remedy possessing that characteristic embraces in its symptomatology the totality of the case.

This will be found, I believe, a faithful outline of the points under consideration. I have endeavoured *currente calamo* to reply in as concise a manner as possible to all the objections set forth in the *British Journal* in its miscellaneous article on my criticisms, and in frankly expressing my opinions, I trust that I have neither infringed the law of retaliation nor overstepped the bounds of "modesty." Unhappily homœopathy has already in its professional ranks too many who have no right to be there, and who have no pretentions to being even nominally classed with conscientious and educated practitioners. This fact should make us jealous to keep the whiteness of our own souls. Our vigilance should be untiring, and instead of wincing under the lash applied fearlessly to mongrels, we should rather spur on those who have the courage to use it.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE usual half-yearly meeting of this Association was held at York on the 9th ult. Dr. RYAN of Sheffield occupied the chair. The usual business having been transacted, and Dr. Bradshaw of Nottingham unanimously elected a member of the Association, an essay on "The probable existence in nature of certain Analogues of the Homœopathic Preparations" was read by the President.

At the commencement of his paper, he referred to the various modes of detecting the presence of a drug in any given substance, alluding principally, however, to the *physiological test.* He remarked that, although the homœopathic physician learns by happy experience how securely he may rely upon those physiological expressions of the entity of his medicines which are afforded in the amelioration of painful symptoms and the restoration of health, yet he naturally yearns, also, after those physical proofs which are more likely to meet the demands and satisfy the prejudices of his sceptical opponents. In a word, he wishes to avoid the stigma of quackery.

Dr. Ryan proceeded to state that there are *two* leading objections which are constantly urged by the opponents of homœopathy against its posology, viz.—

I. That in the higher attenuations of the homœopathic pharmacopœia no medicine can possibly exist.

II. That the doctrine of the curative force of imponderable, inappreciable, or as we seem to have agreed to call them, *infinitesimal* portions of matter, is inconsistent with the principles of science, and is opposed to existing natural phenomena.

In answer to the first objection, it was insisted that when physical research fails, we have a perfect right to appeal to physiological evidence of the presence of a drug. It was, however, contended that we have no evidence,

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from our senses or otherwise, that in the process of experimentation man has ever arrived at the limits of matter's divisibility. Nor, to quote the words of Sir William Armstrong, was it considered "necessary to encumber our conceptions of natural forces by an unnecessary imagining of a central molecule." With Cuvier, Dr. Ryan regarded matter as "only the depository of force; matter passes away, but force remains."

A number of instances of the ascertained vast divisibility of matter, as revealed by the physicist, were here detailed.

The second objection was met by the following arguments:—

First. That from a consideration of natural laws and the discoveries of science, men of great eminence in the world of philosophy—unconnected with homœopathy, and even opposed to it—have on more than one occasion shewn the *possible* action of infinitesimals, even on scientific data.

Second. That those who are opposed to homœopathy, and who assume to belong to the only school of scientific medicine, habitually give evidence of their own practical belief in the *poisonous*, the *prophylactic*, and even the *therapeutic* action of inappreciable quantities of matter.

He, remarked Dr. Ryan, who can erect a theory, based upon natural laws, and in accordance with scientific data, shewing how infinitesimals may possibly influence the organism, proves by his act that the employment of such minute portions of matter is *not* inconsistent with scientific principles. He then referred—

1. To the theory of merorganization propounded by Dr. Daubeny in 1831; who, after explaining his own view of the cause of the curative action of minute portions of iodine in natural waters, said "that the system of the homœopathists of Germany may have grown out of

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some facts that had been observed with respect to the powerful influence exerted on the system, when even very minute quantities of certain active principles were added to common medicines."

2. To the catalysis-theory of Virchow; where the German pathologist, after speaking of the catalytical action of an inciter, on cell after cell, says: "This is one of the facts which demonstrate the possibility of so-called homœopathic effects."

3. To Döppler's theory of extension of surface, and liberation of electricity, by trituration.

Under the second portion of his reply to the objections of the opponents of homœopathy to the preparations of its pharmacopœia, Dr. Ryan insisted that they of the so-called orthodox school had themselves given to infinitesimals a scientific status; and that their own writers had recorded numerous examples of their influence on the organism, as—

1. Poisons.
2. Prophylactics.
3. Therapeutic agents.

Under each head numerous examples were quoted, from allopathic writers, in their support.

Under the last head—"therapeutic agents"—it was remarked:—It is principally, however, in the employment and administration of mineral waters, that our allopathic brethren shew, most plainly, their practical dependence upon the invisible, imponderable portions of medicine. The belief was also expressed, that in some of the mineral waters are to be found analogues of the homœopathic preparations.

These waters were classed under two heads:—

1. Those whose action is decidedly allopathic, such as the saline-purgative and alkaline springs.

2. Those whose therapeutic action is confessedly not

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understood by schoolmen, and whose curative power can alone be traced to the operation of the homœopathic law. In some of these waters the active ingredient can be distinctly pointed out and separated; in others, when the waters are "*chemically indifferent*," as the Germans say, all active agencies seem to be absent, except to the physiological test.

Dr. Ryan based his belief in the homœopathic action of certain mineral waters, and in the existence of analogues of the homœopathic preparations, principally upon the following data:—

First. Because of the many well-ascertained instances of medicinal aggravation, following the use of the waters. Aggravation of a disease may certainly follow allopathic treatment; but in that case the aggravation is the manifest result of powerful material doses; while the aggravation to which reference was made, was the frequent effect of a recourse to waters containing no material, ponderable active ingredient, capable of acting allopathically.

To prove the frequent danger of aggravation, the allopathic authorities Patissier, Lee, Von Ammon, &c., were cited.

Second. Because the therapeutical action of some waters differs essentially from what the orthodox physician would expect from its composition.

Under this head, Dr. Durand-Fardel, Dr. Lee, Patissier, and others, were referred to.

Third. Because it is evident that, in many of the springs, the therapeutic force exists in some ingredient which escapes all the tests of the physicist, and is, therefore, in the common acceptation of the term, infinitesimal —an analogue of the homœopathic preparations.

Fourth. Because the loss of therapeutic force often accompanies the loss of heat in thermal springs; and because the loss of therapeutic force, in some instances, at

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least, is owing to the precipitation, in minute quantities, of the active curative agent, which agent is soluble only at certain high temperatures.

Fifth. Because mineral waters hold in solution substances which are perfectly insoluble in the hands of the chemist.

Dr. Ryan also referred to the stress which Durand-Fardel, and other writers on mineral waters, have laid on the recent discoveries of new ingredients in water—commencing with iodine and arsenic, and ending with thallium and a "new element of the calcium group"—as evidence of their belief that the curative power may exist in some of these bodies, only to be revealed by the spectroscope.

Well-known bodies, also, he remarked, have long lain hid in our often-analysed waters. Messrs. Duprè, only lately, by the spectroscope, found *strontia, lithia* and *baryta* in the water of the Thames. Who shall learn, except by the physiological test, what hidden powers may give life and efficacy—although infinitesimal in quantity—to some of our mineral springs?

Lastly, Dr. Ryan referred to the fact, pointed out by Durand-Fardel, and others, that many of the bodies which can be detected in mineral waters, exist in a state not exactly resembling that of the bodies formed in the laboratory; and that they exert a physiological and therapeutic action, in doses which, in other media, are inert. This he considers to be the result of dynamization from trituration, and a proof of the homœopathic relation between those substances and the diseased organism of the visitors to the wells.

An interesting discussion on the curative powers of infinitesimals followed. On the motion of Dr. Pyburn, of Hull, the publication of this paper, in a separate form, was unanimously requested.

A short communication on the use of opiates in mori-

bund cases, prepared by a zealous lay friend of homœopathy, Mr. Frederick Smith, of Penzance, was read by the Secretary. Each member expressed his decided objection, on every ground, to the induction of narcotism in any case when death was imminent; and the great value of homœopathically-selected medicines in such instances, in relieving pain, was illustrated by cases that had occurred in the experience of those present.

The next meeting was appointed to be held in Doncaster on the 13th of May, 1864. Dr. Evans, of Bradford, was elected President, and Dr. Scott, of Fitzwilliam-street, Huddersfield, Vice-President.

With a dinner at the Royal Station Hotel, and several hours of most agreeable social intercourse, the meeting was brought to a close.

THE QUESTION OF DOSES, DILUTIONS, AND THE ALTERNATION OF REMEDIES PRACTICALLY CONSIDERED.

By Dr. Bayes.

The only mode by which we can arrive at any definite conclusion, as to the relative curative value of the different dilutions of our remedies, is by a careful comparison of the results which have followed their administration in the hands of accurate and truthful observers. By a critical analysis of published cases, we may at length hope to arrive at a more certain knowledge of those doses and dilutions which are most reliable, and by the same test we may hope to settle the question as to the value of that very common practice, *the alternation of remedies.*

With this purpose in view I have made an abstract of a series of forty cases of Pneumonia treated by Dr. Tessier, during his experimental enquiry into the homœopathic treatment.

THE QUESTION OF DOSES, ETC.

The cases were treated in the Hospital Sainte Marguerite in Paris.*

Dr. Tessier's method was to prescribe "a mixture of four ounces of filtered water, in which from four to six globules of the appropriate remedy were dissolved. *Aconite* was sometimes administered in drop doses of the 6th attenuation. All the other drugs and all attenuations above the sixth were given in globules."

The patient "took one or two mixtures of the medicine in twenty-four hours; this depended on the intensity of the disease."

"A table-spoonful of the mixture was given every two or three hours."

CASE I.

Joseph C., æt. 23. Influenza of 1847—Intercurrent pneumonia—Bronchitis previous to invasion of pneumonia.

Pneumonia commenced Nov. 17th.

Treatment commenced Nov. 20th.

Resolution completed Nov. 29th, *i.e.*, cured on the 10th day.

Condition when admitted.—Complexion jaundiced—Pulse 120, Stomatitis—Pneumonia acute, left lung—Consolidation at base, crepitant râle extending to axilla—Sputa rusty.

Treatment and subsequent symptoms:

† Nov. 20th, *Aconite* 15: a table spoonful every hour reduced the pulse to 100.

Nov. 21st, *Aconite* 6, as above. The same.

„ 22nd, *Bryonia* 30. Improving.

„ 23rd, *Bryonia* 30. Reduced the pulse to 70—returning crepitation.

* See *Recherches Cliniques sur le Traitement de la Pneumonie et Du Cholera.* By Dr. TESSIER. London: Bailliere.

† The symptoms appended to the medicine are those which occurred subsequent to the administration of the medicine.

Nov. 24th, *Phosphorus* 30. Fever and dyspnœa ceased, no rusty sputa.

Nov. 27th, no medicine.

„ 29th, complete resolution.

CASE 2.

Joseph L., æt. 36. Influenza of 1847.—Intercurrent pneumonia—Bronchitis previous to the invasion of pneumonia.

Pneumonia commenced Dec. 1st, 1847.

Treatment commenced Dec. 1st.

Resolution completed Dec. 13th, *i.e.*, cured on the 14th day.

Condition when admitted.—Pulse 130—Stomatitis—Slight crepitant râle at base of right lung—Cough frequent and painful—Sputa rusty and tenacious.

Treatment and subsequent symptoms:

Dec. 1st, *Bryonia* 6. Disease progressing.

„ 2nd, *Phosphorus* 12. Pulse 128—Jaundiced complexion—No vesicular murmur in right lung—engorgement in left lung, lower portion.

Dec. 3rd, *Bryonia* 15. Pulse reduced to 105.

„ 4th, *Bryonia* 15. Resolution commencing on right side—Pulse 105—Friction sound on left side.

Dec. 5th, *Bellad.* 6, *sulphur* 18, *alternately*. Pulse 105—Resolution in right side, and commencing in left side.

Dec. 6th, *Bryonia* 12. Pulse reduced to 95.

„ 7th, *Bryonia* 12. Pulse reduced to 80.—Resolution proceeding in left side.

„ 8th, *Bryonia* 12. Pulse reduced to 70.

„ 10th, no medicine.

„ 13th, complete resolution.

CASE 3.

Eugene D., æt. 28. Pneumonia of left lung.

THE QUESTION OF DOSES, ETC.

Pneumonia commenced Nov. 28th, 1847.

Treatment commenced Dec. 1st.

Resolution completed Dec. 14th, *i.e.*, cured on the 15th day.

Condition when admitted. Pulse 124—Dyspnœa—Complexion yellowish—Crepitant râle at base of left lung—Diarrhœa stomatitis.

Treatment and subsequent symptoms:

Dec. 1st, *Bryonia* 12. Pulse reduced to 112—Crepitant râle to the level of the shoulder blade—viscid rusty sputa.

Dec. 2nd, *Bryonia* 2. Pulse reduced to 108—Disease progressing.

Dec. 3rd, *Bryonia* 15. Pulse reduced to 100.

„ 4th, *Bryonia* 15 in the morning, and *phosphorus* in the evening. Pulse reduced to 70—Better in every respect.

Dec. 5th, *Phosphorus* 15. Pulse 70.

„ 6th, *Phosphorus* 15. Pulse reduced to 60—Still rasping breathing.

Dec. 7th, *Iodine* 12.

„ 8th, *Phosphorus* 15. Pulse natural—rasping respiration.

Dec. 9th, *Iodine* 12. Much better.

„ 14th, complete resolution.

Case 4.

Auguste P., æt. 36. Pneumonia of right lung, upper lobe.

Pneumonia commenced Dec. 7th.

Treatment commenced December 15th.

Resolution completed Dec. 27th, *i.e.*, cured on the 13th day.

Condition when admitted.—Pulse 100—Bellows sound

at apex of right lung—No vesicular murmur in right lung—Dulness over the whole right breast and acute pain —Rusty sputa.

Treatment and subsequent symptoms:

Dec. 15th, *Aconite* 6. Pulse 100—Stomatitis.

„ 16th, *Bryonia* 30 during day, and *phosphorus* during night—Pulse reduced to 75.

Dec. 17th, *Bryonia* 30 and *phosphorus*. No fever—returning crepitation.

Dec. 18th, continue *bryonia* and *phosphorus*. Pulse reduced to 60—Very fine returning crepitation.

Dec. 20th, *Iodine* 12 and *phosphorus* 12, alternately. Continued improvement.

Dec. 27th, complete resolution.

Case 5.

Louis A. C., æt. 14. Compound pneumonia.

Pneumonia commenced Dec. 21st.

Treatment commenced Dec. 22nd.

Resolution completed Dec. 31st, *i.e.*, cured on the 10th day.

Condition when admitted.—Sub-crepitant râle on both sides of the chest—Pulse 120.

Treatment and subsequent symptoms:

Dec. 22nd, *Aconite* 6. Pulse 120—The râle finer—rusty expectoration.

Dec. 23rd, *Bryonia* 6. Pulse 110. Bellows sound on a level with left shoulder blade.

Dec. 24th, *Bryonia* 6. Pulse 80—Bellows murmur and crepitation on both sides.

Dec. 25th, continue *bryonia*. Pulse 70—Bellows murmur on both sides.

Dec. 27th, *Bryonia* 15 in day time; *phosphorus* 15 at night—Pulse 70.

Dec. 29th, continue *bryonia* and *phosphorus*. Pulse 70—Convalescent.

Dec. 30th, *Bryonia* 15. Resolution complete.

Case 6.

Jules D., æt. 18. Pneumonia of left lung.

Pneumonia commenced Dec. 18th.

Treatment commenced Dec. 22nd.

Resolution completed Dec. 30th, *i.e.*, cured on 9th day.

Condition when admitted. Pulse 110—Stomatitis—bellows murmur over whole of left lung—Rusty sputa.

Treatment and subsequent symptoms:

Dec. 22nd, *Aconite* 6 every hour. Pulse reduced to 90.

„ 23rd, *Bryonia* 30. Pulse reduced to 70—returning crepitation below—Scarcely any murmur above—Sputa scarcely any colour.

Dec. 24th, continue *bryonia*. White scanty sputa—Very little murmur.

Dec. 26th, *Bryonia* in day time, and *phos.* at night. A little rasping, but no murmur nor crepitation.

Dec. 27th, *Bryonia* once a day.

Dec. 30th, complete resolution.

Case 7.

Bottellier D., æt. 18. Pneumonia of right side, followed by bronchitis.

Pneumonia commenced January 6th, 1848.

Treatment commenced Jan. 11th.

Both pneumonia and bronchitis cured Feb. 1st, *i.e.*, on the 22nd day.

Condition when admitted.—Posteriorly, from base to apex of right lung, bellows murmur and bronchophony at base.

Treatment and subsequent symptoms:

Jan. 11th, *Bryonia* 12, morning following. Pulse 124—Stethoscopic signs the same. In the evening pulse 96.

Jan. 12th, *Bryonia* 12. Pulse 84—returning crepitation.

Jan. 13th, *Bryonia* 24. Pulse 68—Returning crepitation.

Jan. 14 and 15, same treatment. Cough worse—Sibillant ronchus in whole of left lung, and mucous rattle in right.

Jan. 16th, *Sulphur* 30. Bronchitis continues.

„ 18th, no treatment, bronchitis having improved.

„ 19th, *Aconite* 6. Convalescence.

„ 20th to 29th, *Ipecac.* 6.

Feb. 1st, bronchitis cured.

Case 8.

Friellard —, æt. 53. Pneumonia of left side.

Pneumonia commenced Jan. 17th, 1848.

Treatment commenced Jan. 24th.

Discharged cured Feb. 28th, *i.e*, on 35th day.

Condition when admitted.—Pulse 80 to 84—Rusty sputa—No respiratory murmur over the upper and posterior two-thirds of left lung—Bronchophony in axilla and lower third.

Treatment and subsequent symptoms:

Jan. 24th, *Aconite* 6. No better.

„ 25th, *Aconite* 6, *Bryonia* 18, alternately—Great prostration—Pulse 80.

Jan. 26th, *Bryonia* 18, and *Phosphorus* 30, alternately. Pulse 76—Improvement.

Jan. 27th, *Bryonia* and *phosphorus*. Pulse 64—Returning crepitation.

Jan. 28th, *Bryonia* and *phosphorus*. No fever—Pulse 60 to 64—mucous râle during cough.

Jan. 29th, *Sulphur* 18. Better.

CHINA OR CINCHONA.—DR. ESCALLIER.

Jan. 30th, *Sulphur* 18. No crepitation—Mucous râle continues.

Feb. 1st, *Sulphur* continued till 6th, during and after which there was a gradual disappearance of bellows murmur and expectoration. He was discharged perfectly cured on Feb. 28th.

(*To be continued.*)

CHINA OR CINCHONA.

"PHILOSOPHUS"—for so a correspondent signs himself—has written to us a letter, ridiculing the nomenclature of our *Materia Medica*, and especially selecting *china*.

We ourselves have often wished that a more modern and scientific nomenclature could be substituted for the present one; but we must protest against *china* being selected as "ridiculous and unmeaning." Our term *china* is merely an abbreviation of *chinchona*, or *chinchon*. Condamine (*Mem. Acad. Sc. de Paris*, p. 226, 1738) states that it was the Countess of Chinchon, wife of the viceroy of Peru, who first brought some bark to Europe, in 1639. The name chinchona, or its abbreviate, china, is more proper even than the *cinchona* of the orthodox pharmacopœia.

DR. ESCALLIER.

DR. ESCALLIER has issued the following note to his English *confrères*:—

"Paris, the 22nd of Sept., 1863.

"Dear Sir and honoured Brother,—I have the honour to inform you that my health obliges me to leave Paris, and I am going to establish myself at Nice.

"I shall be there towards the 15th of October, Rue Masséna, 14.

DISPENSARY REPORTS.

"As at Paris, I shall keep up the Hahnemann-flag; with this title I am at the disposition of my honourable brothers, if they wish to send some patients to pass the winter under the spring climate of Nice, Cannes or Menton.

"I am, much honoured Brother,

"Yours devoted,

"Dr. Escallier,

"Ancien boarder-laureate of the hospitals of Paris; redactor of the *Art Medical;* author of various works on Homœopathy."

DISPENSARY REPORTS.

BRIGHTON HOMŒOPATHIC DISPENSARY,

6, Prince Albert Street.

Western Branch—7, Osborne Street, Cliftonville.

Medical Officer—Dr. Richard Hughes, L.R.C.P. & M.R.C.S.L.

Secretary—Captain Henry James, R.N.

Chemist—Mr. John Ockenden, 6, Prince Albert Street.

Number of patients attending during the Quarter ending September 1863:—

July	538
August	542
September	586
Total	1666

Number of patients	1666
Paying 1s. a month	474
Admitted on Subscriber's recommendation	85
Visited during the quarter at their own homes	507

DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. Drysdale.

Consulting Surgeons—John Moore, Esq., and Dr. Roche.

Consulting Physician for Cheshire—Dr. Wright.

Physician—Dr. Blumberg.

Surgeons—Dr. Hayward, T. H. Willans, Esq., and E. L. Hudson, Esq.

Honorary Dentist—H. C. Quinby, Esq.

House Surgeons—F. J. Tucker, Esq., now Resident Stipendiary Physician, and Dr. Simmons.

Chemists—Messrs. Thompson & Capper.

The number of patients prescribed for at this Institution during the month of September was as follows:—

New patients	607
Old „	1855
Total	2462
The number of visits paid	351
The number of new patients visited	60
Total	2873

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION,

Bagnall Street, Hanley.

Physician—George Moore, M.D.

Chemists—J. B. Rowley & Co. *Hon. Sec.*—E. Pamphilon, Esq.

Report for Month ending September 29th.

Old patients attending	778
New ditto admitted	87
	865

DISPENSARY REPORTS.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayner, Dr. Drummond, Mr. Blackley, and Mr. Howden.—Mr. E. Calvert, House Surgeon.

President—Joseph Heron, Esq.
Treasurer—P. F. Willert, Esq.
Secretary—Arthur Neild, Esq.
Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of Sept....	1579
Paying 1s. and 1s. 6d. per month.....	265
Admitted on Subscriber's recommendation	27
New cases	152
Visited during the month at their own homes.....	198

This Dispensary is open daily (Sundays excepted) from 9 to 11 A.M., and from 7 to 8 on Monday, Wednesday and Saturday evenings.

PENZANCE HOMŒOPATHIC DISPENSARY.

Quarter ending September 29th, 1863.

Cured	122
Relieved	86
No report of	15
Not relieved	14
Died	5
Total.....	242

The deaths were—

From phthisis	2
From scarlatina maligna	1
From convulsions in a neglected dry-nursed infant	1
From pneumonia in an infant	1
Total	5

Amount received for monthly tickets, at 2s. 6d. each, £12 2s. 6d.

THE MONTHLY

HOMŒOPATHIC REVIEW.

"WORSE THAN WE SEEM."

A Confession of the "Medical Times & Gazette."

It is sometimes said that a certain being is not of so dark a colour as he is usually painted. Our allopathic brethren have been by many of us charitably supposed to have relinquished the excessive drugging so generally prevalent twenty or thirty years ago. We have frequently insisted that their doings have been too highly coloured by some; that they are not so bad as they seemed to be! We had hoped that evidence of this had appeared in medical literature: that bloodletting was less often resorted to; that the use of purgatives was restrained within narrower bounds; that mercurialism was not so generally induced; that narcotism was more guardedly watched; that, in short, all the so-called heroic measures so constantly called into requisition a few years back, to the detriment of health—and oftentimes, alas! to the destruction of life—were now less relied on as curative measures than they had been. The *Medical Times and Gazette* of the 17th of October informs us that we are in error. We have toned down the darker tints of allopathic practice far too much. If drugs in gross quantities and nauseous compounds are

WORSE THAN WE SEEM.

gradually falling into desuetude, their places have been filled by *active principles* of the same; chemical analysis, aided by experiments on the lower animals, has provided powerful agents in small compass. Jalap has, for example, been replaced by "jalapine;" opium by "morphine," and so on. The principles on which disease is treated are the same; the drugs, if less coarse, are more potent. The homœopathist has not been imitated! He has had no influence in diminishing the tendency to drugging! Though perhaps our allopathic contemporary might not deny that he has had some in destroying the public taste for being drugged! All we can say is, that if such is the case—and bearing in mind Dr. Bennett of Edinburgh, Dr. Chambers of London, and Dr. Markham's recent introductory, we can hardly credit that it is so—we almost begin to deplore as hopeless the obtuseness of allopathic practitioners, and sympathise much with their suffering patients.

The paragraph in the *Medical Times and Gazette* which has called forth these remarks is as follows:—

"It has often been stated with confidence by the homœopathists that one marked result of their practice has been to force upon regular practitioners a simple mode of prescribing, medicines being employed in less bulk and less nauseous forms. In truth, however, they are claiming for themselves what has been only the consequence of improved chemical and physiological knowledge. The alkaloids and other active principles of medicinal substances began to come into use about the period when the homœopathic delusion came into vogue, and from that time medicines have been administered in much less bulk and with more attention to their agreeable combination and the adjuvatory powers of other appliances. But the very fact of these chemical improvements, by which powerful agents could be administered in very small bulk, has become in the hands of the homœopaths an instrument of the grossest deception and

for their patients a source of the highest danger, for there can be no doubt by their aid agents of powerful operation have been substituted for inert globules, and have been taken with a recklessness and frequency which has been attended with the worst possible results."

The Editor of this periodical, it will be seen, is not satisfied with repudiating on the part of himself and his *confrères*, all that increased simplicity in the administration of drugs with which he and they have been credited, but he charges homœopathists with using these powerful though apparently small quantities, at once to cure and to deceive their patients. The charge is, we need hardly say, utterly false. Were it not that "Charity hopeth all things," we should be disposed to go further, and say that the Editor *knew* it was false. Indeed, the only ground upon which we can suppose that he believes his statement to be correct is, that unable to explain the success of homœopathists, he is driven to trace it to the employment of the same measures as those on which he is in the habit of relying He has no evidence of what he writes. It is but the fantasy of a distempered imagination. The result of ignorance, the fruit of hatred, the product of despair. Ignorance of homœopathy, hatred of those who believe in and practise it, despair of finding some mode of accounting for a success his own practice—based upon erroneous theories and carried out with massive doses of injurious drugs or smaller ones of dangerous and subtle active principles and alkaloids—denies to him. But in his rage he goes further still, and says that homœopathists have used these poisons in miniature "with a recklessness and frequency which has been attended with the worst results." Where are these results? Who has recorded them? Where is the "chiel" who has been "amang" us "takin' notes"? Why doesn't

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"prent 'em"? This asserted recklessness and frequency in the administration of such medicaments has no existence—never had any existence—in the world of fact. These results must be sought out in the region of fancy; that region in which the Editor of the *Medical Times and Gazette* disports himself.

What can we learn from this paragraph? Chiefly two things. 1st. That, notwithstanding all that has been written to the contrary, the progress of science has, instead of modifying the prejudicial nature of many plans of treatment, rather increased their danger, by substituting small for large quantities—by merely removing the *appearance* of evil while retaining its *spirit*. Drugs are still given, if not in quantities equal to those of former days, of greater strength, and consequently of greater capacity for injury to the powers of life. This is a serious reflection for all who trust their health to allopathic practitioners. How constantly do we hear people say, "Our doctor doesn't give anything like so much medicine as he used to do. In fact, he is almost a homœopathist." The *Medical Times and Gazette* endeavours to remove this delusion. Let those whom it may concern be warned by his candour!

2ndly. We see to how great a shift our allopathic opponents are driven, to meet the onward progress of homœopathy. But a short time back the homœopathist was stated to have so little regard for life, that he treated his patients to inert materials where nature called most loudly for his help. This mode of attack has been tried for many long years—and failed; as all attacks not based on a foundation of truth will fail. The materials were no inert. Recoveries followed their use in such a large, a unexpectedly large, a proportion of instances, that to as our medicines were inert no longer served the turn f which the assertion was made. As most persons do, wh

one plan of attaining a desired end has proved utterly fruitless, our allopathic opponents rush into an opposite extreme; and now, forsooth! the public is taught to believe that we give so much medicine, that homœopathy is but a system of poisoning made easy! This, however, is to those who know anything about the matter, as mendacious a charge as that which has recently been discarded. It will fail in the object with which it is so assiduously urged, as signally as did its predecessor.

Allopathy is, as it always has been, a system of medicine dependant for the development of its theories on the perturbative powers of large doses of crude drugs, or of small quantities of their essences or active principles. Homœopathy, on the other hand, needs but a small dose —a dose which in a healthy person would be comparatively inoperative—to secure the specific influence aimed at. For a person to be drugged out of life by allopathy is likely enough; for such a result to follow the use of the largest dose necessary to carry the homœopathic principle into practice is impossible.

CLIMATES FOR INVALIDS.

By Dr. Tuthill Massy.

Nice has had such a lengthened reputation for consumptive patients, that I am led by Dr. Escallier's announcement of his departure from Paris to winter at Nice, to lay before the readers of the *Review* a few practical thoughts on the climate, and how far we are justified in sending English patients from their home climate to one so distant.

Napoleon III. has recently won Nice from Victor Emmanuel. The Dukes of Savoy occupied the territory from the beginning of the fifteenth century until 1706, when it was taken by stratagem by one of the generals of

CLIMATES FOR INVALIDS.

Louis XIV., and held by France until 1814, when it was restored to the King of Sardinia. Nothing can be more charming to a Parisian than to visit this historical abode. A French poet has written of it :—

> "Oh, Nice! heureux sejour, montagnes renommées,
> De lavande, de thym, de citron parfumées;
> Que de fois sous tes plants, d'oliviers toujours verts,
> Dont la paleur s'unit au sombre azur des mers,
> J'egarai mes regards sur ce theatre immense;
> Combien de jouissais," &c.*

We shall be greatly assisted in the study of Nice by an examination of its annual temperature in comparison with other tables which are already before the readers of the *Review* and the *British Journal of Homœopathy*. The present report exhibits the climate of three important places, viz., Nice, Rome and Paris.

METEOROLOGICAL TABLES.

MEAN TEMPERATURE FOR THE YEAR, AND FOR EACH SEASON, AT SOME FOREIGN PLACES OF RESORT,†

(CENTIGRADE THERMOMETER.)

	Year.	Winter.	Spring.	Summer.	Autumn.
Paris	10·8	3·3	10·3	18·1	11·2
Florence	15·3	6·8	14·7	24·0	15·7
Pisa.....	15·7	7·9	13·9	24·1	17·0
Nice.....	15·8	9·6	18·0	23·2	12·8
Rome	15·4	8·1	14·1	22·9	16·5
Naples.....	16·1	9·5	14·4	23·7	16·9
Palermo	17·2	11·4	15·0	23·5	19·0
Malta	19·4	14·1	17·0	25·4	21·4
Madeira	18·7	16·5	17·5	21·1	17·8
Cairo	22·9	14·5	23·0	29·4	21·5

* Delille, *Les Jardins.*

† Forster's *Guide to Italy.*

CLIMATES FOR INVALIDS.

MEAN TEMPERATURE OF THE AUTUMN, WINTER, AND SPRING MONTHS, AT NICE, ROME, AND PARIS.

(CENTIGRADE AND FAHRENHEIT THERMOMETERS.)

	Nice.		Rome.		Paris.	
	C.	F.	C.	F.	C.	F.
October	17·1	63	18·7	66	10·0	51
November ..	13·5	57	14·9	58	6·1	41
December ..	12·5	54	8·5	47	3·7	36
January	8·5	48	6.8	44	3·9	37
February ..	10·0	50	7·1	45	4·0	41
March.....	11·8	51	9·2	49	6·1	43
April	14·0	58	13·8	56	10·4	51
May.....	17·0	63	18·1	65	13·6	57

MEAN QUANTITY OF RAIN FALLEN AT NICE, ACCORDING TO THE MONTHS AND SEASONS.

(ROUBAUDI.)

January ..	1·82	April	3·25	July	1·38	October	1·53
February	2·02	May	1·60	August	0·51	November	3·52
March	1·79	June	0·80	Septemb.	4·73	December	2·85
Winter	5·62	Spring	5·65	Summer	6·62	Autumn	7·88

Annual Mean 25·78 cubic inches.

Thus it appears that the most rainy months at Nice are May and April, in spring; September and November, in Autumn. The least rainy, June, July, and August—which are properly the summer months—only furnishing an amount of 2·69 inches.

"There is in Provence a privileged district, extending from Hyères to Nice. Situate at the base of the Alps, removed from the course of the *mistral* (north-west wind), it enjoys a milder climate than that of Rome or Naples. It is there that persons with delicate lungs go to seek the mild atmosphere, the constant temperature, the calm existence which retards the progress of the most inexorable of diseases, and would sometimes arrest it, did not neglect or a fatal blindness prevent patients from seeking in time

a possible cure, or divert their choice to less favourable localities. At Nice the mean temperature of winter is 9·3; which is that of spring at Geneva, and almost that of the month of April at Paris.*

We are now in a position to judge of the effect of this climate on the inhabitants. "On leaving the shore and advancing into the interior of the province, the difference of character produced by the altered temperature are soon perceived, and on approaching nearer the northern chain of the Alps, the influence exercised by the sharpness of the air, the wild nature of the localities, hard work, and the privation of several of the necessaries of life, becomes more evident. The mountaineers are short or stunted in growth, more robust, it is true, but less regularly constituted than the inhabitants of the plain; their eyes express a melancholy which is natural to them.

"The conformation of the women is even worse than that of the men. The laborious life to which they are subjected from childhood, their state of conjugal dependence, and almost of servitude, the injuries of the air which they have to support, wrinkle their skin, hollow their cheeks, and whiten their hair at a comparatively early period, and accelerate the approach of old age. What has been said of their physical configuration is likewise applicable to their moral qualities.

"Sharpness of the intellectual faculties, vivacity and quickness of memory, are the principal characteristics of the inhabitants of the southern cantons, and especially of those of the town of Nice; nature shows herself sparing of these gifts towards the populations of the northern regions. The influence of a sombre and cloudy sky imparts more strongly the taste and necessity of a laborious life, whereas a blue sky, and the splendour of the

* M. Martius in the *Annuaire Meteorologique de la France.*

sun's rays, together with the animating aspect of a fertile country, predispose to indolence.

"The more one approaches to Nice, the more one perceives that the manners of the inhabitants are affected by the mildness of the climate; their language is that of the ancient Troubadours, and there is found in the idiom of Nice a mixture of words and expressions of which the roots—by turns Celtic, Greek, Roman, Arabian, Spanish, Genoese, Piedmontese—recall to mind the part which each of these nations has taken in the historical events of the country."*

"The diseases most frequently observed at Nice are cutaneous affections of various kinds, intermittent fevers, especially in the neighbourhood of the Var, gastric and enteritic irritations, epilepsy, hysteria, asthma, bronchitis, scrofula, and pulmonary consumption."†

"There is," said Foderé, "no instance of stone in the bladder in the Maritime Alps, to my knowledge, and no native surgeon remembers to have seen an operation for this disease performed in the country. Gout and rheumatism are of very rare occurrence, and the climate is very favourable to the cure and alleviation of arthritic pains."

Dr. Burgess, after quoting M. Carrière—who says: "The mornings and evenings are often treacherous, even when the climate seems in its most favourable condition: nor is its climate so dry as is described; the land winds, which prevail during the night, are no doubt dry, but the maritime winds of the day are humid,"—further adds: "The mortality annually among the English at Nice is sufficiently discouraging to deter other hectic invalids from going there." Dr. Meryon, who passed a season at Nice, likewise says: "You know how treacherous the

* *Chorographie du Comté de Nice*, par le Barron Durante. Turin.
† *Nice and Its Climate*, by Edwin Lee.

climate is, alluring you out of doors with a brilliant sun, and then attacking you with a cold piercing wind, that neither cloth nor flannel can keep out. Had I leisure I could collect facts to prove that there are more natives who die of consumption at Nice than in any town of England of the same amount of population."

"*Hyères* appears to be rather warmer in winter, and less exposed to sudden changes of temperature than Nice. As in all climates where the heat favours cutaneous transpiration, the inhabitants of Hyères are subject neither to gout, rheumatism, nor asthma, and strangers who pass the winter there are almost sure to experience, as well as on the shores of the Maritime Alps, a great alleviation of their sufferings. The absence of rain and of fogs, and the exercise which may be taken daily at this season amidst a luxuriant vegetation, certainly render this place of sojourn very recommendable. On the other hand, the proximity of marshes, of ponds, the dirtiness of the streets, and the absence of a sufficient quantity of drinkable water, present serious inconveniences, notwithstanding the salubrity of the season."*

* The learned Dr. James Johnson has said:—"The sum total of our knowledge on the important subject of medicinal influence of an Italian climate, appears to stand thus:—I. In *delicate health*, without any proof of organic changes in the lungs—in what is called a "tendency to pulmonary affection," a journey to Italy and a winter's residence there (under strict caution), offer probabilites of an amelioration of health. II. In cases where there is a suspicion or certainty of tubercles in the lungs, not softened down or attended with purulent expectoration, an Italian climate may do some good, and may do much harm—the chances being pretty nearly balanced. III.

* *Voyage aux Alpes Maritimes.* Foderé.

CLIMATES FOR INVALIDS.

Where tuberculous matter appears in the expectoration, and where the stethoscope indicates that a considerable portion of the lungs is unfitted for respiration, a southern climate is more likely to accelerate than retard the fatal event, and takes away the few chances that remain of final recovery."*

Consumptive patients ought not to be sent where the disease ripens into death; and as this almost invariably occurs in a relaxing air filled with decaying vegetable matter, we therefore cannot recommend sending phthisical patients to Nice, Naples, Madeira, Malta, or Sicily, where such sufferers only go to die. Celsus has desired us to choose a place where the disease is unknown; therefore we should look to the rocky mountain districts. "A register was kept of numerous phthisical patients resorting to the Spa at Mallow, who applied for relief as externs at the County Cork Infirmary; and, assuming a fair approximation to accuracy, the result was, that *cæteris paribus*, the great majority came from gravelly, dry, and limestone districts; the number from moory lands was few, whilst *mountainous tracts appeared comparatively exempt from the disease.*'†' The mountain rangers of Kerry and Connaught are particularly hardy and healthy. But on this point I shall give the logical views of Dr. Whately, which are now continually before us under the more comprehensive views of Darwin in a chapter on the "Selection of Species," which is very remarkable for its reasoning power. The Archbishop has taken for his argument the dying-out of the weak and unhealthy in rigorous climates, while Darwin propagates the strong and beautiful by selection.

To a great extent both are correct; yet I must say there is something very buoyant and elastic in mountain

* Dr. Johnson, *On Change of Air*, p. 295.
† Dr. Knox, *On Irish Watering Places.*

air, particularly among naked rocks, light vegetation, and a thorough drainage by perpetual rills.

This natural drainage of rocky districts with light soil, prevents the rain from stagnating on the surface and poisoning the atmosphere with fogs and miasmata; thereby inducing disease in man and beast, such as coughs, consumptions, and fever. On the other hand, when the terrestrial surface is drained, the air is warmed, the earth is freely ventilated, and man is rendered comparatively free from diarrhœa, cholera, and inflammations.

Perfect drainage is scarcely ever accomplished in the rich soil of the luxuriant south, dank with heavy foliage and carpeted with flowers. I am now writing of the adaptation of climate to invalids, and not against the richness of vegetation; for few there be who do not love flowers, both for their sweet perfumes and their brilliant colours.

> "Your voiceless lips, O flowers! are living preachers,
> Each cup a pulpit, every leaf a book,
> Supplying to my fancy numerous teachers
> From loneliest nook."

From a review of various climates which from time to time have come within my sphere of practice, I am led to prize those of home beyond and above the foreign.

The southern shores of England present a variety sufficiently attractive for the most fastidious of our migratory race, who might nestle in winter residences from Dover to Penzance.

The South of Ireland offers four winter homes, well sheltered—Queenstown, Kinsale, Kenmare, and Dingle—which in natural resources and grandeur of coast cannot be surpassed. The climate of this rocky region is salubrious; made so by the effect of an electric atmosphere on an emerald sea and soil.

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An examination of the inhabitants of districts has not been sufficiently studied in connexion with climate. A colony of Spaniards settled on the western shores of Ireland, and to them we are indebted for our Connaught rangers. Everyone is familiar with the power and strength of these hardy mountaineers, and their matchless bravery in the field. The Spaniards bore transplanting well, for the air of Connaught is very pure, especially in the neighbourhood of the Killeries—twelve conical mountains which are bleak, barren, and boggy. Yet the sky above is blue —deep blue. This Italian sky appeared to me the result of two causes: one, the beating of the Gulf-stream on the Connaught coast, dashing wave after wave into the creeks of the Killeries; the other, a reflection from the naked blue tops of these dreary mountains, which is caught by the light elastic fluid composing the atmospheric constitution of the locality. However we may argue on the preventive or curative properties of mountain districts on physical disease, each mind in turn becomes haunted and impelled by the awful grandeur of these rocky heights, and the brilliant variety of tint and shade, to

> "Adore and worship when you know it not:
> Pious beyond the intention of your thought;
> Devout above the meaning of your will."

Brussels is one of the chief foreign residences for the English; and there is something very English about it. Whether this impression arose in my mind from being there during the Queen's visit to the King of the Belgians, I know not, or whether it arose from the many English faces seen among the schoolboys and girls on the promenades, I am not prepared to say; but the impression was such. This feeling was quite expelled at Antwerp. The climate of Brussels* is rather relaxing, but I should

* "SITUATION—CLIMAT—POPULATION.—La ville de Bruxelles est

say healthy, judging from the geological section on which it stands. It has gravel and sand beds which resemble in full detail the rising ground and slopes which extend from Weybridge in Surrey to Oatland's Park. Anne of Denmark, Queen of James the First, had Oatlands for her health resort. The wife of Charles I, resided there, also the Duchess of York. Both residences are equally suited for Indian officers and their families, after their return to Europe. Belgian soldiers are not taller than French, and the race in general throughout Belgium have a Flemish cast.

située au milieu d'une contrée fertile, en partie dans la vallée de la Senne, en partie sur une hauteur qui s'élève un amphithéâtre, en faisant face à l'ouest. Elle se trouve par 50° 51′ 10″ de latitude nord et par 0° 17′ 27″ de longitude est (méridien de Greenwich). On y jouit d'un climat tempéré, mais plutôt froid que chaud, et la température y est variable et humide. La partie haute de la ville est plus salubre que la partie basse, qui est presque constamment plongée dans les vapeurs s'élevant de la Senne. Cette rivière, qui vient du Hainaut et se jette dans le Rupel, y forme plusieurs îles. Elle inonde toutes les années les prairies qui la bordent et elle les fertilise en les couvrant du limon qu'entraînent ses eaux.

"La ville occupe une superficie de 657 hectares, dont 450 formant l'ancienne ville, et 207 qui ont été distraits de Saint-Josse-ten-Noode, Ixelles et Etterbeek et 1853; sa population, qui au quinzième siècle ne dépassait pas 48,000 âmes, et qui en comptait, en 1783, 74,427, s'est élevée considérablement depuis trente ans, après avoir subi une diminution énorme pendant la domination française. Elle était réduite à 66,297 habitants en 1800; elle en comptait déjà 98,279 en 1820 et 113,297 en 1842; au 1er janvier 1855, elle comprenait 161,000 âmes. Pour mieux en apprécier les accroissements, on doit observer que les foubourgs, autrefois faibles villages, sont devenus des villes qui, réunies, competent plus de 95,000 âmes. En 1854, le nombre des naissances s'est élevé à Bruxelles à 5,493, celui des décès à 4,514, celui des mariages à 1,178, et celui des divorces à 18. Bruxelles est divisée en 9 sections, formant 5 divisions de police, et contient 15,000 maisons."—*Alphonse Wauters.*

THE QUESTION OF DOSES, DILUTIONS, AND THE ALTERNATION OF REMEDIES PRACTICALLY CONSIDERED.

By Dr. Bayes.

(Continued from page 701.)

Case 9.

Daublet, æt. 59. Chronic disease of heart—Pneumonia of left lung.

Pneumonia commenced Jan. 24th, 1848.

Treatment commenced Jan. 25th.

Resolution completed Jan. 30th, *i.e.*, cured on 6th day.

Condition when admitted.—Pulse 112 to 116—Rusty sputa—Jaundiced complexion—Dulness on percussion behind and in the left side, fine crepitation at base.

Treatment and subsequent symptoms:

Jan. 25th, *Aconit.* 6, *bryon.* 6, in alternation. Pulse 104—A larger portion of lung invaded by pneumonia.

Jan. 26th, *Bryonia* 12 and *phosphorus* 12, in alternation. In evening, pulse 90 to 94—Next morning, pulse 90—Improved in every respect.

Jan. 27th, *Bryonia* 12. Evening, improved—Next morning, pulse 80, returning crepitation.

Jan. 28th, *Bryonia* 12. Icterus almost gone—A little vesicular crepitation here and there; no bellows murmur.

Jan. 30th. Convalescent, perfectly.

Case 10.

Violat, æt. 40. Pneumonia of left lung—Metastasis to the brain.

Pneumonia commenced Jan. 29th, 1848.

Treatment commenced Jan. 29th.

Resolution completed Feb. 1st, *i.e.*, cured on the 4th day.

THE QUESTION OF DOSES, ETC.

Condition when admitted.—Pulse 108 to 112—Rusty sputa—Crepitation beneath left clavicle, over space of four finger-breadths—Bronchophony.

Treatment and subsequent symptoms:

Jan. 29th, *Acon.* 18. Much less pain.

„ 30th, *Bryonia* (no dilution mentioned). Pulse 120 to 124—Delirium—*Pupils contracted*—Rusty sputa.

Jan. 31st, *Bryonia* during day, and *Belladonna* for the evening. Cold ablution—No cough, no sign of pneumonia—Delirium—Cold shivering morning and night.

Feb. 1st. Cold shivering—Same condition—Complete suppression of every symptom of pneumonia.

Feb. 2nd, *Moschus* (in five-grain doses). Delirium no longer constant—Pulse 100—Slight perspiration.

Feb. 3rd, *Bellad.* 6 during night. Profuse sweat—Pulse 76—*Dilatation of pupils* in evening, pulse 68.

Feb. 4th, *Bellad.* 18—Pulse 56—Still better.

„ 5th, 6th, and 7th. Continued improvement.

„ 8th. Perfect convalescence.

Case 11.

Turbled, æt. 61. Pneumonia of left lung, at commencement of acute phthisis.

Pneumonia commenced Jan. 21st, 1848.

Treatment commenced Jan. 29th.

Died of acute phthisis on May 19th.

Condition when admitted.—Pulse 104—Bronchophony—Complete dulness in left lower and posterior region of chest—Sub-crepitant rhonchus.

Treatment and subsequent symptoms:

Jan. 29th, *Acon.* 6. Better—Pulse 100 to 104.

„ 30th, *Bryon.* and *phosphorus.* Pulse 84—Better—Returning crepitation—Bronchophony.

Jan. 31st, *Bryon.* and *phosph.* Delirium in evening—Pulse small, quick, vibratory—Gummy expectoration,

profuse—Copious sweat next morning—Pulse in morning, 76.

Feb. 1st, *Phosphorus*. Skin moist—Pulse 64—Normal respiration beginning to be heard at base of lung—Bellows murmur at upper and inner angle of scapula.

Feb. 5th, *Sulphur* 18. Bronchial respiration—Mucous expectoration.

Feb. 6th, *Sulphur* 18 and *ipec.*, in alternation, continued till 9th.

Feb. 14th. Symptoms of phthisis set in, and continued to increase till death.

Case 12.

Koch, æt. 67. Pneumonia of left lung.

Pneumonia commenced Feb. 6th, 1848.

Treatment commenced Feb. 6th.

Cured Feb. 21st, *i.e.*, on 16th day.

Condition when admitted.—Pulse 112—Fever—No cough—Dulness below left shoulder-blade.

Treatment and subsequent symptoms:

Feb. 6th, *Acon.* 6. Cough dry—Dulness of sound on left side increased—No apparent movement of left side during respiration—No respiratory murmur in lower two-thirds of lung.

Feb. 7th, *Acon.* 6. Pulse 100—Saffron-coloured sputa, very adherent—Dulness of sound increased—Crepitation—Bellows murmur and bronchophony.

Feb. 8th, *Acon.* Evening, skin less dry. *Bryonia* 18 in evening. Pulse 84—Bronchophony increased.

Feb. 9th, *Bryonia* 18. Pulse 80—Improving.

„ 10th, *Bryonia* 18. Fever ceased entirely—Pulse 72—Bronchophony ceased—Returning crepitation.

Feb. 11th, *Bryonia*. Continued improvement.

„ 12th, no medicine. Return of fever—Pulse 80.

Feb. 13th, *Bryonia.* Profuse sweat—Better.

„ 14th, *Bryonia* and *phosphorus* alternately. Profuse sweat at night—Mucous râle—Diarrhœa.

Feb. 16th, *Rheum.* Diarrhœa better—Cough worse.

„ 17th, *Phosphorus.* Copious sweat—Less expectoration—On 19th, pulse 60—Diarrhœa reappears—No bronchophony.

Feb. 19th, *Rheum.* Diarrhœa less—Scarcely any cough or expectoration.

Feb. 21st. Cease treatment. No cough nor diarrhœa.

Case 13.

Nereu, æt. 47. Pneumonia of right lung.

Pneumonia commenced Feb. 5th, 1848.

Treatment commenced Feb. 7th.

Perfect convalescence, Feb. 13th, *i.e.*, cured on 7th day.

Condition when admitted.—Violent fever—Pulse 120—Bellows murmur and crepitation in lower two-thirds of right lung—Bronchophony.

Treatment and subsequent symptoms:

Feb. 7th, *Acon.* 18. Same as yesterday—Less fever—Pulse 100.

Feb. 8th, *Bryonia* 24. Headache, cough and fever less in the afternoon—Next morning, pulse 90—Pneumonia extends over smaller surface.

Feb. 9th, *Bryonia* 24. In evening worse, pulse 100—Mustard plasters applied to legs—Marked improvement—Returning crepitation.

Feb. 10th, *Bryonia* 24 and *phosphorus*, alternately. Moist skin—Copious urination of lithic-acid urine—Quiet night—Pulse 80 to 84—Cough much better, and general returning crepitation.

Feb. 11th, *Bryonia* 24. Pulse 60—Mucous sputa.

„ 12th, *Bryonia* 24. Perfect convalescence.

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Case 14.

Cortial, æt. 39. Pneumonia of right lung.

Pneumonia commenced Feb. 11th, 1848.

Treatment commenced Feb. 15th.

Perfect convalescence Feb. 24th, *i.e.*, cured on the 10th day.

Condition when admitted.—Violent fever—Pulse 100—Bloody sputa—Dulness on percussion over posterior of right lung—Bronchophony over scapula and crepitant râle in axilla.

Treatment and subsequent symptoms:

Feb. 15th, *Acon.* 12. Stethoscopic signs unchanged—Pulse 104.

Feb. 16th, *Bryonia* 18. Increase of fever in evening—Consolidation of lung—Improvement during the night, and continued during the next morning—Pulse 100.

Feb. 17th, *Bryonia* 18. Better—Pulse 90—Tubular murmur and bronchophony returned, and returning crepitation.

Feb. 18th, *Bryon.* 18 and *phosphorus* 18, alternately. Pulse 90—Respiration normal—Abundant crepitation.

Feb. 19th, *Bryon.* 18 and *phosph.* 18. Pulse 80 to 84—Returning crepitation and returning respiratory murmur—Feels quite well.

Feb. 20th, *Sulphur* 18. Mucous râle.

„ 21st, *Sulphur* 18. Pulse 70 to 72—Sputa light-coloured.

Feb. 22nd, *Sulphur* 18. Expectoration diminished, and perfect convalescence on 24th.

Case 15.

Baudot, æt. 48. Pneumonia of right lung.

Pneumonia commenced March 19th, 1848.

Treatment commenced March 20th.

Perfect convalescence March 28th, *i.e.*, cured on the 9th day.

Condition when admitted.—Pulse 116 to 120—Violent fever, and cough—Dulness over two lower thirds of the right lung—Slight bronchophony.

March 20th, *Aconite.* Pulse 116—Bronchophony more distinct—Worse.

March 21st, *Bryonia* 18. A good night—Cough moister—Pulse 100—Right side does not dilate—Tubular respiration from spine of scapula to base of lung—Breathing easier.

March 22nd, *Bryonia* 18. Evening, a large quantity of sedimentous urine—Pulse 80 to 84—Sweat at night—Returning crepitation.

March 23rd, *Bryonia* 18. Pulse 72—Cough rare.

„ 24th, *Bryonia* 18. Pulse 72—Greatly improved.

„ 25th, no medicine. Perfect convalescence occurred on 28th.

Case 16.

Calson, æt. 33. Pneumonia of right lung.

Pneumonia commenced April 4th, 1848.

Treatment commenced April 8th.

Convalescent April 14th, *i.e.*, cured on the 7th day.

Condition when admitted.—Pulse 112 to 116—Saffron-coloured sputa—Dulness under right clavicle down to fourth rib—Tubular breathing over same space—Crepitation round nipple and in axilla.

Treatment and subsequent symptoms:

April 8th, *Aconite.* Pulse 112—Delirious—No pain—Rusty sputa.

April 9th, *Bryon.* 12. Less delirious—Profuse sweat—Pulse 88—Large vesicular crepitation in front.

April 10th, *Bryon.* 12. No delirium—Pulse 76 to 80—Fine returning crepitation.

April 11th, *Bryonia* 12. Crepitant râle only heard during the cough.

April 12th, *Phosphorus*. The harshness of the respiration disappears gradually.

April 14th. Convalescent.

Case 17.

Borthelot, aged 32. Compound pneumonia.

Pneumonia commenced April 28th.

Treatment commenced April 29th.

Convalescent May 7th, *i.e.*, cured on 9th day.

Condition when admitted.—Pulse 112—Cough frequent—Sputa bloody—Percussion over the whole of the posterior of the chest, on both sides dull from base to top—Bronchophony—Crepitant râle and bellows-murmur mingled, from sub-spinal fossa to base—Epistaxis.

Treatment and subsequent symptoms:

April 29th, *Aconit.* 6. Epistaxis ceased—Behind, on right side, no respiratory murmur—Sputa bloody.

April 30th, *Bryonia* 18. Oppression worse at night—Delirium—Pulse 104—Next morning, less oppression; better in all respects—Bronchophony on both sides.

May 1st, *Bryonia* 18. Spent a good night; woke in a gentle perspiration—Pulse 80—On left side, behind, returning crepitation—Tubular murmur and crepitation scarcely perceived—Critical sweat ceases towards evening, and the patient says he feels quite well.

May 2nd, *Bryonia* 18. Pulse 76—Breathing on left side begins to be normal—On right side abundant and fine returning crepitation.

May 3rd, *Bryonia* 18. Improving—Pulse 60.

„ 4th, *Bryonia* 18 and *sulphur*, in alternation. Breathing on left side normal—On right side crepitation is only heard at the end of a deep inspiration.

May 5th, *Bryonia* 18. Pulse 56.
„ 6th, *Bryonia* 18. Pulse 52 to 56.
„ 7th, *Bryonia* 18, two spoonsful. *Cured.*

Case 18.

Adnet, æt. 29. Pneumonia of left lung, upper lobe.
Pneumonia commenced May 14th, 1848.
Treatment commenced May 16th.
Convalescent May 24th, *i.e.*, cured on 9th day.

Condition when admitted.—Pulse 116 to 120—Dulness on percussion from clavicle to fourth rib, and behind in sub-spinous fossa—Sputa bloody—Tubular respiration between second and third rib, and crepitation around.

Treatment and subsequent symptoms:

May 16th, *Acon.* 6. Pulse 116—Other symptoms the same.

May 17th, *Bryon.* 12. Pulse 100—Better—Sputa rusty.

May 18th, *Bryonia* 12. Woke next morning in profuse perspiration—Pulse 84—Patient says he feels quite well—Epistaxis noon next day.

May 19th, *Bryonia* 12 and 24. Pulse 72—Returning crepitation—Dulness on percussion almost ceased.

May 20th, *Bryonia* 12 and 24. Pulse 60.
„ 21st, *Bryonia.* Pulse 60.
„ 22nd, *Bryonia.* Pulse 48 to 52.
„ 23rd, *Bryonia* 24. Pulse 44. *Cured.*

Case 19.

Hermanns, æt. 35. Pneumonia of right lung. (5th attack of the same lung: 1st when 20; 2nd when 30; 3rd when 33; 4th when 34.)
Pneumonia commenced July 4th, 1848.
Treatment commenced July 7th.

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Convalescent July 14th, *i.e.*, cured on 9th day.

Condition when admitted.—Pulse 120—Right side of thorax unmoved during respiration—Rusty sputa—Bronchophony in sub-spinal fossa—Along border of scapula crepitant râle—*The physician on duty bled the patient copiously.*

Treatment and subsequent symptoms:

July 7th, *Acon.* 12. Dyspnœa worse—Delirium.

„ 8th, *Bryonia* 12. Bad night—Dyspnœa intense—Less stitch—Bellows murmur extends further.

July 9th, *Bryonia* 12. Pulse 100—Better.

„ 10th, *Bryonia* 12. Pulse 76 or 80—Returning crepitation—Much better.

July 11th, *Bryonia* 12. Mucous expectoration.

„ 12th, *Bryonia* 12. Pulse 60—Crepitation only here and there.

July 13th. No medicine. Pulse 60—Respiration becoming normal.

July 14th, *Phosphorus.* Convalescent.

CASE 20.

Hermanns, æt. 35 (same patient). Pneumonia of left lung.

Pneumonia commenced Aug. 29th, 1848.

Treatment commenced Aug. 30th.

Convalescent Sept. 10th, *i.e.*, on 12th day.

Condition when admitted.—Pulse 112 to 116—Sputa blood-streaked—Dulness over the space of four finger-breadths beneath clavicle, and over the corresponding space posteriorly—Crepitation at lower part of scapula.

Treatment and subsequent symptoms:

Aug. 30th, *Bryonia.* Pulse 112—Other symptoms the same—Crepitation limited to base of lung.

Sept. 1st, *Bryonia.* Pulse 96—Other symptoms the same.

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Sept. 2nd, *Bryonia.* Pulse 84—Crepitation under axilla —Bronchophony in sub-spinal depression—Crepitation from spine of scapula to base of lung.

Sept. 3rd, *Bryonia.* In afternoon, a slight sweat—Next morning, pulse 68 to 72.

Sept. 4th, *Bryonia.* Pulse 64—Much better.

„ 5th, *Phosphorus* 12. Better.

„ 6th, *Phosphorus.* Respiratory murmur returned over the whole lung.

Sept. 8th, 9th, 10th, *Bryonia.* Pulse 48—Convalescent.

(*To be continued.*)

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SUGGESTED BY THE QUESTIONS ADDRESSED BY DR. BAYES TO MR. WILSON.

By Dr. Hewitt.

Dr. Bayes writes, and I believe truly, that "he is sure he expresses the feeling of a large body of men," when he says "that such papers as Mr. Wilson's Lycopodium case do harm, without full and thorough explanation. They unsettle our *old belief*, without giving us the compensation of a new and better creed." Such "old belief" is, I presume, embodied in the question which Dr. Bayes, when under "a feeling of considerable disappointment," occasioned by the perusal of the above case, asks himself, viz., "Where is the need to study pathology or physiology, if we are to be guided by none of these, but by some little characteristic symptom, in the treatment of a severe case of disease?" and also in the paragraph where he "confesses still to preferring in practice to select his characteristic indications in accordance with physiological and pathological knowledge."

Again, Dr. Bayes says, "when he abandoned allopathy, it was because he was disappointed at the uncertainties

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and contradictions involved in its practice." Whence, I would ask, do these uncertainties and contradictions in allopathic practice arise, from which Dr. Bayes and others were so glad to escape, if not from the attempt to make pathology and physiology the basis of treatment?

However, this "old belief" at anyrate shews that Dr. Bayes and those for whom he speaks have not changed the fundamental basis of their treatment of disease, although they have nominally adopted homœopathy. I say nominally; for what does Hahnemann say about this principle of selection of the remedy? "Now, as in a disease . . . . we can perceive nothing but the morbid symptoms, it must . . . . be the symptoms alone, by which the disease demands and points to the remedy suited to relieve it—and moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease . . . . must be the principal, or the sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate curative agent—and thus in a word, the totality of the symptoms must be the principal, the sole thing, the physician has to take note of in every case of disease and to remove by his art, in order to cure and transform it into health." Again, in a foot-note: "The physician whose researches are directed towards the hidden relations in the interior of the organism, may daily err; but the homœopathist who grasps with requisite carefulness the whole group of symptoms, possesses a sure guide, and if he succeed in removing the whole group of symptoms, he has likewise most assuredly destroyed the internal, hidden cause of disease." Much more might be quoted to this effect, but this will suffice to show how inconsistent this "old belief" is with true homœopathy.

The remaining part of Dr. Bayes' paper consists of a

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series of questions addressed to Mr. Wilson, respecting the details of selection and administration of remedies, which must strike every homœopath with astonishment, inasmuch as the answers to them all, as well as to the whole of his paper, are so explicitly set forth in the *Organon*, that the fact of such questions being asked, can only prove the *Organon* to be an unread or ignored book by such as ask them.

We have thus, in this paper, an acknowledgment that the principles of treatment practised by Dr. Bayes, and those for whom he speaks, are almost as allopathic as ever, and also that the *Organon* is either unread or ignored by them.

To answer all these questions would involve the necessity of quoting so much from the *Organon*, that space could not be afforded for it in this paper; and moreover, the answers are so direct and easily found, that there can be no occasion to reprint them. It will suffice to point out, that if Dr. Bayes had referred to the *Organon*, he would neither have felt the "disappointment" from reading Mr. Wilson's case, nor have asked himself the question quoted above. He would not have asked Mr. Wilson "why he thought it needful to note several other remedies for study, having once gained possession of the Lycopodium characteristic," for it would have told him not to rely upon one symptom in the selection of a remedy, but something about the totality of symptoms, and how a characteristic symptom is often useful in leading to the discovery of the medicine which agrees in its totality with the case under study. He would not have exclaimed, "Are we never to arrive at certainty in the practice of physic?" for in the *Organon* he would find that practice reduced to as great a certainty as even Dr. Bayes could expect. He would not have said, "We want as physicians to be able to lay down more definite rules for the

treatment of disease, more decided data as to the proper doses and the frequency with which they should be given," for the *Organon* contains rules as definite, and data respecting doses, repetitions, &c., as decided as even he himself would require.

Neither would Dr. Bayes "ask Mr. Wilson or some high-dilutionist" to enlighten him upon various minor points, which as a homœopath he ought to have learned long ago from the *Organon*.

Nor would Dr. Bayes be so completely in the dark respecting the practice of inhalation even, which one would imagine he regarded as almost beyond the limits of possibility, since he could only extend his credulity so far, "on the high authority of a well-known physician of frequent and extended experience," for he would have found a full description of this practice also in the *Organon*, and upon the authority of Hahnemann himself, whose authority "as a physician of extended experience" would surely be high enough; if not, whom would Dr. Bayes accept as sufficient authority on so important a point? Without pretending that my own opinion would carry any weight, I cannot refrain from expressing here my confidence in the practice of inhalation to be such, that I would as soon trust my own life to that mode of administering the well-selected remedy as to any other, if I would not even prefer it.

In making these remarks, far be it from me to wish to cast any reflections upon Dr. Bayes personally. I believe, as he himself says, that he is only expressing the opinion of a large body of the homœopathic practitioners of the present day, amongst whom the *Organon* is almost a forbidden book. The main object of this paper is to shew that this ignorance of, or disbelief in, the *Organon*, and consequently of the Materia Medica, are the main causes of the wide divergence of opinions and mutual recriminations

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amongst the homœopathic body, which have now reached such a point, that in the interest of homœopathy some understanding should be arrived at. For this purpose it must first be settled what is homœopathy; and this can be done without in any way dogmatizing or interfering with individual liberty of thought or practice; so that every one may sail under his own colours.

It must be conceded that such practice alone is entitled to be called homœopathic; which is in accordance with the axioms laid down in Hahnemann's *Organon* (not that it is to be implied that the *Organon* has been "accepted upon blind faith" by those who thus adopt it, for such have one and all proved to their own satisfaction the truth of every principle contained in it); these principles are all written in plain and simple language, so that there can be no misunderstanding them. In common honesty, therefore, those who disbelieve the *Organon* should avow themselves, and cease to strive to justify their adhesion to a method of practice which in their hearts they condemn, or surely they are guilty of imposition upon the public by professing that which they do not practice. Let them follow Dr. Kidd's example and honestly repudiate the globule and the dose, and distinguish themselves by some other title, and not waste valuable time cavilling with those who do follow the *Organon*, and calling them such names as "purists," "Hahnemannists," "high dilutionists," &c., &c.

It is of no use attempting to deny that it has practically been the fashion for a long time to mention the name of Hahnemann only to point out some trivial flaw either in his personal or scientific character: he is either dogmatic, petulant, a theoretical dreamer, or something else, for homœopathic literature and practice abundantly testify to the fact, and the consequences are but too plainly visible in the ignorance of the *Organon* which is patent in the

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majority of articles and cases published. How many practitioners of the present day have not only never read, but never even seen the *Organon?* the excuses given being, "It's full of Hahnemann's crotchets;" "It can't be carried out in practice;" "Homœopathy has been improved since his time;" "I believe all that's worth having is the law;" and such like twaddle. Such have been taught that they "may as well look for a needle in a bundle of hay, as to search for the remedy in the Materia Medica;" that "it won't do to consult books in the presence of patients;" in short, to trust only to Manuals and Homœopathy-made-easy kind of books, and like the allopathist in everything else, to try and "carry it all in his head." I might multiply instances of this kind which have come under my own observation, but this will be enough to account for the present haphazard hybrid practice which exists under the name of homœopathy, but which has really no more claim to it than modern allopathy, with which apparently it seeks to fraternise.

I believe the cause of this ignorance of, or disbelief in, the *Organon* may be ascribed mainly to two causes. The first may be gathered by drawing a parallel between the progress of Christianity and that of homœopathy. The Bible was at first taken as the *Organon* of Christianity; then arose priestcraft, which in its own interest found it convenient to decry it as an authority, and forbid its use, till Luther had the moral courage to bring it to light again. Our *Organon* was at one time considered the Bible of homœopathy; a kind of priestcraft arose, which disparaged it as a practical authority, substituting its own "expurgation" Manuals. By a singular coincidence, homœopathy also had its Luther, who at least made an attempt to follow the example of his progenitor; but he lacked the will or courage, and withdrew his hand from the plough. But truth is great; and the *Organon* will

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yet again, and that ere long, take its place as the Bible of medicine.

The onus of this disparagement of the *Organon* must ever lie heavily at the door of those who have put themselves forward as the teachers of homœopathy; who would have served their own purpose, as well as the cause, far better, if they had cared more for truth and homœopathy, and less for self-glorification; and I greatly fear, if a true history of the progress of this great truth were written (than which nothing could appeal more forcibly to the benevolence and disinterestedness of our nature), that it would not be easy to find a parallel to the selfishness and petty jealousies which have been manifested by those who have had the opportunities of furthering the cause at a small cost of self-denial.

I for one can ill digest the fulsome laudations which one occasionally hears lavished upon our "body of martyrs," in some post-prandial speeches, by those who, no doubt, after a good glass of wine, see things in as benevolent a light as they would have them, and not as they are. I believe it would be nearer the truth to say we have been traitors to one of the noblest causes ever entrusted to man. Had we but fulfilled our trust, and been consistent with truth and principle, homœopathy ere this would have commanded the respect of its bitterest opponents, and would now be holding a position we might well be proud of, as having been the humble and disinterested instruments of its progress.

But enough of the past; let it be a warning for the future. The best thing we can now do is to go back and begin again with the *Organon* and Materia Medica, where Hahnemann left us, for we have gone on the wrong track. Let us be content to follow in his steps till we can do what he did, and then—and then only—may we endeavour to "improve upon his homœopathy;" though, concerning

this last endeavour, the present generation need not trouble themselves.

This leads me to the second cause of the ignorance of, or disbelief in, the *Organon;* and this is, in plain language, a skirking of the real hard labour which is required to carry it out in practice.

To try and follow Hahnemann in practice is harder work than compiling manuals, and will not bring the self-gratification of seeing one's name in print as an author so soon as writing pamphlets or domestic books. Neither is it consistent with most of the fashionable forms and usages of popular physicians. It is quiet, unostentatious, hard work, which has merely for its reward the honest conviction of having done one's duty, probably unrequited or even unappreciated. It brings one face to face with disease, every phase of which has to be encountered by means of hard study; and this not only to-day, but continually and perseveringly. Each prescription has to be worked out with Repertories and the Materia Medica, more like a mathematical problem than anything else, if ever any facility or certainty in prescribing are to be attained to, and this while yet it may be said we do not possess a single good Repertory in the English language; thus shewing that it is indispensable also to be able to read German in the present day.

But how can homœopathy be thus practised, if it is true that "no real homœopathic physician uses his books in the presence of his patients"? a doctrine which has been laid down by those who assume the responsibility of directing the student—it may be added, away *from* the *Organon.* Would that such writers had employed their time in simply translating only one of the many German Repertories, instead of uttering such mischievous trash, and thereby disparaging those who do labour honestly, and discouraging those who would. Let the *Organon* be

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honestly followed in all its rules, and I will guarantee that every one so doing will to the last say, "The closer he attends to Hahnemann's precepts, the greater success does he meet with." It is all very well for men to deride Hahnemann, and "the purists" and "high-dilutionists," and attempt to make a merit of their scepticism; but they should not forget that by so doing they are at the same time confessing to utter ignorance of the powers of high dilutions (and of the powers, even, of homœopathy itself), the action of which they can never have seen, or they would certainly not ridicule them, but would be only too glad to know how to use them, so as to be able to produce like results. All "high-dilutionists," like Hahnemann himself, have advanced experimentally from the lowest dilutions; and I am quite sure the "low-dilutionist" can never have witnessed the action of the well-selected high-potency remedy. It is, I believe, all a question of pains-taking in selection and observation; and I consider the merit of a homœopathic practitioner to be in relative proportion to the smallness of the dose which he habitually prescribes. A man naturally must become a "high-dilutionist," if he habitually takes great pains with his selections, and well observes their action; it is only by such means that the evils of the large doses are seen, and consequently avoided in future by using smaller ones.

The "low-dilutionist" must be a more careless, haphazard practitioner than the "high," for he does not even see the perturbations he creates, and often fights with such disturbances of his own creation without even observing that he has caused them by his large dose, greatly to the detriment of his patient, as is seen by the slightest examination of their published cases. Let them read over the last remedy they have prescribed in the Materia Medica, on seeing the patient afterwards, and in most cases they would be deterred from either repeating

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the same or giving any fresh medicine (unless an antidote, perhaps), by observing, to their astonishment, that it was producing some of its own pathogenetic effects, which, because they were "forbidden thus to examine their patients with their books," they failed to recognise as belonging to the medicine given by them. This one lesson alone would teach them at once to diminish their dose, and look more carefully in future; and after a few such instances, they would soon find they had acquired a certain amount of charity towards the high-dilutionist, and eventually would as surely be led to abandon low dilutions and alternations, and cease to require "allopathic auxiliaries," as were Hahnemann himself and all who have patiently and honestly followed him.

The *Organon* and Materia Medica are the Alpha and Omega of homœopathy; and those who mean to become homœopaths worthy of the name and cause, must honestly work, and cease not, to endeavour to master them. If this was set about in earnest, all would find they had quite enough to do for the present without book-making and scribbling (except in their note-books)—without suffocating readers with long windy pathological speculations in true old-school phraseology, as if such were still the best proofs of a physician's qualifications for healing, instead of proficiency in the *Organon* and Materia Medica —without picking flaws in Hahnemann's character and writings, and without cavilling and recriminating at one another. Let those who have the ability simply translate the German Repertories as they are, if they cannot produce a faithful and practicable English volume, and plod on with the never-ending meritorious labour of correcting and enriching the Materia Medica. Here is quite enough for homœopathic *literati*. When all this is accomplished, it will be high time to talk of improving upon Hahnemann's homœopathy. Up to the present time, it appears

to me as though the endeavour had been to run before being able to walk, and to teach before being able to talk; and with the natural consequences.

REAL AND NOMINAL ATTENUATIONS.

By Dr. A. J. Powell.

In the controversial papers which appear, from time to time, in our periodical literature, on the therapeutic value of the higher potencies, certain important matters appear to me to be overlooked, or, if not overlooked, to be merely taken for granted.

This struck me, very forcibly, in the recent controversy which has occupied some of the pages of the *Homœopathic Review*.

The important matters which appear to me to be overlooked, or taken for granted, refer particularly to questions of the *real* not the *nominal* potency of a drug,—questions arising out of the *modus operandi* of reaching such attenuations as the 200th, 800th, and, even, as I have read, in some journals, the 8000th.

Hahnemann, as a rule, recommended the medicines to be prepared on the centesimal scale; and to be carried up to the thirtieth potency, by dilution, one part to ninety-nine being alone used at each of the steps. I would ask, therefore, whether the 200th potency, mentioned recently in the *Review*, or the 8000th potency, professed to have been used by some medical men, are prepared in accordance with this rule? I would, also, ask—what are Lehrmann's potencies, and how are *they* prepared?

These questions raise points to which I now particularly wish to refer.

Few medical men have the time to prepare their own drugs; and, indeed, they may not have the inclination so to do; it is, therefore, necessary to procure them from

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some one competent to manufacture them: and, as the homœopathic chemist may import some of his preparations—Lehrmann's for example—from the European or American continent, the relevancy of my previous question will be obvious. Let us suppose that the matrix-tincture, or the crude substance, triturated until it is soluble in water, be at hand, certain other elements must still enter into the manufacture of the dilutions—viz., materials, time and labour.

First—Materials. To prepare the thirtieth potency, step by step, on the centesimal scale, making only 100 minims or drops at a time, requires six ounces and a quarter of *alcohol.*

Second—Time and labour. Hahnemann directs the chemist to "shake the vial twice, first carrying the arm up and then down;" so that, provided all the appliances be at hand, it will require at least an hour to pass from the *first* to the *thirtieth* potency. As it is advisable that only one remedy be in the course of preparation at one time, and as the phials will have to be removed to the stock-drawer, and others provided for the next medicine, it is evident that a further period must be expended. In fact, not more than ten or a dozen medicines can be thus potentized, attenuated, or diluted, in a day, by one man.

A day's labour bears its cash-value; the materials employed also represent money; therefore, the manufacturing chemist must supply the result, say a tincture, at a price that will remunerate him. If globules have to be saturated, dried, and placed in bottles, more labour is needed, and consequently more expense is incurred. However, up to the thirtieth potency, I believe that the chemists, as a rule, get a fair value for their materials and labour, and as the twenty-ninth potency is saved for a while, the attenuations have not to be made very frequently; but to attenuate up to the 200th, or higher,

REAL AND NOMINAL ATTENUATIONS.

after the same manner, is a very different affair. Material and labour increase amazingly; days are occupied in preparing the potencies of one drug; and material, in great quantity, is wasted.

Two other questions now suggest themselves to the mind:

Are tinctures or globules manufactured *bonâ fide* after the Hahnemannian method?

If it be so, how can the chemist, after such expenditure of time, labour and material, sell the 200th potency at the same price as the third?

Weeks are required for the preparation of the 8000th dilution, and between ten and eleven gallons of alcohol are expended—yet I have been informed by a colleague that he has used that potency.

I have been told—but, of course, I speak subject to correction—that the higher potencies, I mean those beyond the 30th, are not prepared by the Hahnemannian method. I am told that in some instances, at least, the higher potencies are reached, merely by giving to a bottle containing a certain attenuation, a further number of shakes: but it must be evident to all who have any faith in the rules laid down by Hahnemann, that succussion alone can never supply the place of, step by step, commixture and attenuation.

In a commercial point of view, the lower potencies up to the 30th, for example, are more deserving of confidence than the higher attenuations: and, for the sake of approaching something like a settlement of the vexed question of dose, it would be quite as well for us to learn whether we really give a potency of 200 or only the *thirtieth*, with a number of additional shakes.

I would cast no slur upon any homœopathic chemist who prepares his own attenuations, and professes to use the Hahnemannian method: I should have no right to

doubt his word; but, it seems to me that we ought to know *how the fact is* with respect to his own preparations, or those which he may import from the continent or from America.

CONCUSSION OF THE BRAIN.

By Dr. Hastings, Surgeon, &c., Cheltenham.

On the 12th inst. was sent for to visit H. G. C., Esq., at Gloster, who had just had a very bad fall. He was going on board one of his ships in the Gloster Dock, when the plank on which he trod gave way, and he was consequently precipitated into the dry-dock, falling a distance of eleven feet.

He was found quite insensible, but when raised to his feet was able to stand.

An allopath was immediately called in, and he gave directions for Mr. C. to be taken in a cab to the boarding-house in which he was residing; and when he arrived there, another allopath saw him. But Mrs. C., who fortunately was with her husband in Gloster, and who is a staunch homœopath, and has been so, both she and her husband, for the last twenty years, would not permit the allopaths to either bleed or blister her husband, or even allow them to prescribe any medicine for him; stating that, until a homœopath could be procured, she would take the responsibility of her husband's case into her own hands; telling the doctors that she would immediately give him some *arnica*, which she did.

I saw the patient at 11½ o'clock, P.M., about six hours after the accident had occurred.

Mr. C. is a large man, aged 50 years, has travelled all over the world, and has been for many years a teetotaler.

When I saw him, he was in bed and was quite unconscious; face very red; eyes much injected, pupils

contracted, slightly sensible to the stimulus of light; head very hot; breathing laborious; alæ of the nose expanding and contracting with each breathing; pulse 120; skin very hot; could just move his legs and arms; he moaned very much.

His wife informed me that his bowels had been relieved that morning, and that, up to this, he had been in his usual health.

She had given him two doses of *arnica*, globules, before I saw him.

Both the allopaths pronounced the case to be concussion of the brain, and endeavoured to persuade Mrs. C. not to trifle with homœopathy in such a severe case, but to no avail.

I could not detect any fracture of ribs, &c., although pressure over the lower ribs, on the left side, evidently caused much pain. The spine was uninjured.

I ordered a large compress to be applied all round the trunk, and to be kept wet with an *arnica* lotion; cloths wrung out of iced-water to be kept to the head, and ice to be given internally, at intervals of ten minutes; *aconite* every two hours; no food.

13th. Passed a tolerably quiet night, moaning much at intervals, and muttering occasionally, "Where am I?"

Passed urine; pulse 100; head much cooler; skin not so hot; eyes rather less injected; tongue very white, and when protruded very tremulous; could just answer a question rationally, and then directly began to ramble in his talk.

To continue remedies.

In the evening, same day, saw him again, and found him a little more conscious. Had taken a few spoonsful of water-gruel.

Eyes looked more natural; pulse 96; not so much groaning, but kept at intervals muttering something.

CONCUSSION OF THE BRAIN.

To continue ice, &c., and now ordered *arnica* to be given every two hours, tincture C. prepar., in drop doses.

14th. On entering his room this morning, he saluted me as follows: "Thank God, doctor, for homœopathy!" To which I heartily replied, "Amen!" "Thank God, doctor, I am so much better. How kind, how kind in my Heavenly Father to bless the means thus."

He was now quite conscious, but had not the slightest recollection of having had an accident, and thought he had been dreaming. He complained of great pain in his side, and was unable to move on account of it; and there was still "a noise in his head," attended with slight deafness, and a "confused sensation" in his head.

Spine and back to be rubbed with iced-water and *arnica*. Tinct. *n. vomica* every four hours, and enema of tepid water to be given. Weak mutton-broth for food; a teacupful at a time, every three hours.

15th. Has had a very good night; slept for three hours consecutively. Bowels relieved; urine natural; eyes much less injected; head confused. Can almost turn himself in bed, but still complains of his side. Examined it carefully, but could not discover any fracture of the ribs.

Ordered *arnica* plaster to be applied over the painful part, and an elastic abdominal bandage to be applied, and to continue the *nux vomica*. To have a mutton-chop for dinner, and to sit up in bed a little.

17th. Much improved in every respect. To continue medicine, and get out of bed for a few hours.

21st. All right; out for a walk.

As these cases do not often come under the care of homœopaths, I considered it my duty and privilege too, to submit it to publication, in order that it may be seen what homœopathy can do in such cases, and that it does not "trifle" with the case, as the allopaths affirmed, but

cures it off-hand, and in quick time too. "*Tuto, cito et jucunde.*"

Had this patient been bled and blistered, &c., as he would have been, in his unconscious state, not being able to protest against it himself—had not his wife been present to prevent it, it will require no Solon to prognosticate that, in all probability, so far from walking about in *eight* days after the accident, he would not have been out of his bed!

MR. WILSON'S CRITICISMS.

To the Editor of the MONTHLY HOMŒOPATHIC REVIEW.

Sir,—Nothing could be further from my intention than to reply to the criticisms your contributor, Mr. Wilson, has thought fit to make on portions of one of my works, in your last number. If Hahnemann does not escape censure from Mr. Wilson—who, like Iago, is "nothing, if not critical"—for daring to condense and prune the provings in his own *Pure Materia Medica;* and if Trinks is harshly reprimanded for presuming to abridge the provings in his *Pure Materia Medica;* why should I complain if I am well scolded by the same great critic for venturing, in some instances, to prefer these condensed and abridged provings to the more diffuse originals? The company I am scolded in, reconciles me completely to the scold. Far be it from me to say one word in deprecation of the most amusing performances Mr. Wilson is treating us to. It is a real pleasure to behold the vigorous manner in which he applies his critical lash to poor old Hahnemann. To be sure the punishment is ostensibly administered to an imaginary whipping-boy, "some unscrupulous copyist," who is supposed to have had our illustrious master "at his mercy" in his old age; but as the only proof offered of the existence of this unscrupulous indi-

vidual is the circumstance that certain symptoms in the *Pure Materia Medica* appear abridged in the *Chronic Diseases*, one cannot avoid coming to the conclusion that the unscrupulous party never had any corporeal existence, but is a sort of homœopathic and unscrupulous Mrs. Harris. Hahnemann himself, though he lived four years after the publication of the last edition of the volume of *Chronic Diseases*, in which the abridged *sarsaparilla* occurs, never said anything about his having been deceived by "an unscrupulous copyist." So until Mr. Wilson can offer some proof of the existence of this mythical personage, I shall feel that I have a perfect right to say with Mrs. Betsy Prig, "which I dont believe there never was no such person," and Mr. Wilson's animadversions on the proceedings of this imaginary individual must be regarded as applicable to Hahnemann alone.

But I would be sorry indeed to say anything to check the production of those most entertaining papers with which Mr. Wilson has recently been diverting his colleagues in your pages. I should not have written one word to you on the matter, had it not been that, in his last effusion, Mr. Wilson has insinuated a charge of ignorance of German against me, in that I have in a certain place translated "*Füssen*" "legs." "With all due deference," says Mr. Wilson, "I should have translated Füssen *feet* instead of 'legs'!" and he expresses a wish "to know the source whence this translation is derived." I do not of course pretend to understand what Mr. Wilson means by translating a word "with all due deference;" but if this is only a euphuism for "with the aid of a dictionary," then I can easily believe him. But those acquainted with German, not merely from dictionaries, but as it is spoken, need hardly be reminded that Germans very often talk of their "*Fuss*" when they mean their *leg*. Mr. Wilson, of course, could not be expected to

MR. WILSON'S CRITICISMS.

know this, and therefore in making this *fuss* about a leg he has contrived to put his foot in it.* Still, it might have been anticipated that a person who devotes so much time to the study of Hahnemann would have met with numerous instances where Hahnemann employs "*Fuss*" to denote *leg* in the most unmistakeable manner. In the very first medicine of the *Pure Materia Medica (belladonna), Füsse* is used at least twice to signify legs (S. S. 970, 1003). In the first of these cases, indeed, it is distinctly explained that *Füsse* is to be understood to mean *lower limbs* ("Untergliedmasen" as Hahnemann writes it with curious contempt for orthography). In the same volume *Fuss* will be found used in the same sense in *cina* 216—17, and in *acon.* 367. Even in that medicine which Mr. Wilson has given so much attention to, I mean *sarsaparilla,* he will find in what he calls the "original proving" of the *Pure Materia Medica,* which he is so angry with Hahnemann for curtailing in the *Chronic Diseases,* the word *Fuss* used to denote *leg* at S. (96.) So general, indeed, is the use of *Fuss* to signify *leg,* that when *foot* is intended, *Unterfuss* is very frequently used; as in *Dulc.* 308, *Cann.* 269—71, *Cocc.* 381—2, *Nux-v.* 943—6, *Oleand.* 296, 298, 309, *Arnic.* 472-3, 476. This word, we doubt not, Mr. Wilson would, "with all due deference," *i.e.,* "with the aid of a dictionary," translate "*lower foot*" on the same principle as he translated *Unterschenkel* "lower thigh." But even supposing he discovered that by *Unterfuss, foot* was meant, he would

* Mr. Wilson, though like myself a Scotchman, will probably be able to appreciate this small joke without having to submit to a surgical operation, for on two different occasions he has himself perpetrated what appears to be meant for a grim joke about "smell-fungus" and "small fungi," the point of which, however, is not apparent, or perhaps, to use Mr. Wilson's refined and elegant phraseology, I am such a "dull dog" that I cannot see it.

find that he could not always translate it so, for, in *acon.* 380, he would discover that it means *the leg from the knee to the heel.* It is evident from these examples that the translator must use his judgment in deciding when *Füsse* is to be translated *legs* and when *feet.* I have decided on "*legs*" in the instance quoted, and I see no reason to alter my decision.

I have entered into this long explanation not with a view to teach Mr. Wilson German; I would as soon think of trying to teach him the parts of speech, or to convince him that *like* is not a conjunction, as he thinks it will be found to be "with due submission," whatever that may mean; it evidently does not mean submission to the exigencies of grammar—the only submission due in such a case, I should imagine. My sole object is to justify myself from Mr. Wilson's imputation that in translating *Füsse legs,* in the example given, I have made a blunder equal to, or as he has it, "eclipsing" his own in rendering *Ober* and *Unterschenkel, upper* and *lower thighs.* Those of my readers who are conversant with German will be amused at Mr. Wilson's attempt to give me lessons in that language; but those not acquainted, or but imperfectly acquainted with German, might be led by Mr. Wilson's energetic denunciations to believe that I am really the ignoramus he represents me to be, and might, on that account, lose their confidence in the accuracy and fidelity of my translations.

But I am very far from objecting to the task Mr. Wilson seems to have imposed upon himself of correcting the printer's and clerical errors in the works of his colleagues. It is a humble path of literature he has chosen, to be sure, but still a very useful one. Possibly Mr. Wilson may not feel himself at present equal to writing an original work or translating a whole book from the German; but if he will continue to search for overlooked

errors in the works of his medical brethren, he will deserve their thanks and those of all their readers; and it is far from improbable that in time he may be able to come before the world as the author of an original book, or the translator of some standard homœopathic work. For my own part I shall feel extremely obliged to him to point out the errors of the press in my published works, and when he has gone through those he already possesses, I shall be delighted to supply him with the remainder. As I have written pretty frequently during the past twenty years, and as I am sure there is the average allowance of overlooked printer's errors in my published works, I shall be most thankful to Mr. Wilson if he will take the trouble to discover and point them out. I shall not mind the triumphant chuckle with which he announces every discovery of a supposed blunder in my writings.

The most charming part of Mr. Wilson's articles, to my mind, is that portion of his last paper, where he gives us a slight insight into the mode in which he conducts his practice. He there tells us that he scarcely ever enters a sick-room without one or both of the Repertories of Bönninghausen and Müller. But when he has to "travel any distance" he takes those of Jahr and Possart in addition. One is naturally curious to know what distance the patient must be off, in order to render the aid of Jahr and Possart requisite. Will Bönninghausen and Müller suffice for patients within the London Postal District, and is the aid of Jahr and Possart required for provincials beyond the twelve miles' circuit from Charing Cross? What are the peculiarities of the maladies of distant patients that render a double supply of Repertories necessary? Or is this "holding in reserve" his Jahr and Possart when forced to travel to a distance from his base of operations, a prudent strategical manœuvre, in order to keep open his communications and to enable him to bring

up fresh forces to his assistance in case of the defeat of his Bönninghausen and Müller? But how does it happen that Mr. Wilson, who is such a stickler for consulting original provings, contents himself with mere repertories? and how can medicines be studied in a repertory? A story is told of a gentleman who set to work to peruse a dictionary, which he declared to be "very learned, but rather desultory and unconnected reading"; and I think the person who should apply himself to study medicines in a repertory would come to the same conclusion. I always thought a repertory was a mere index to direct us to the medicines in the Materia Medica we ought to study in reference to a particular case. Studying medicines in a repertory, or even in four repertories, seems to me like studying a play of Shakspeare in *Clarke's Concordance.* I should have thought that Mr. Wilson, if he wished to act up to his own precepts, would have carried about with him for study Hahnemann's ten volumes of provings, besides those of Stapf, Hartlaub and Trinks, Hering, Possart and others; in all, a nice little library, to which he might add a really good German dictionary, for the common and uncommon meanings of words, and a copy of Lindley Murray for the parts of speech and other grammatical difficulties. A small hand-barrow or colporteur's pack might suffice for the conveyance of these works from house to house. The remarks that might be made on such an unusual turn-out would not annoy Mr. Wilson, "for," says he, "unlike some of my more sensitive brethren, I am not ashamed to shew the source whence I draw my inspirations." It is disappointing to find that, after all his advocacy of consulting original provings, Mr. Wilson "draws his inspirations" from a Repertory! One feels disposed to exclaim with Falstaff, "Is there no virtue extant?"

I am, Sir, your obedient servant,

R. E. DUDGEON.

SOME CASES TREATED AT THE CAMBRIDGESHIRE DISPENSARY.

Under the care of Mr. Freeman.

Case I. *Diarrhœa after Suckling.*—H. R., æt. 5 months; boy.

Sept. 8th, 1863. This child has had several attacks of dysentery and one of severe convulsions, all of which have been treated homœopathically. The mother is a fine healthy young woman, and the child wonderfully strong considering his history. He has had diarrhœa immediately after suckling, for fourteen days; not much pain, but some flatulence. *China* (6) pilula ter die.

10th. The child is better. Continue.

12th. The child seems to have much irritation at the anus on passing the motion, which separates into white and green slime and fœcal matter. Four motions in the last 11 hours. *China* (3) and *merc. sol.* (6) capt. pilula 3tiis horis in alt.

15th. The child mends; motions better and not so frequent. Rep. medicinæ omni 4ta horâ.

The child continued to mend gradually till the 25th, when it was discharged well.

Case II. *Dysentery.*—J. G., æt. 6.

Sept. 21st. The boy has frequent bloody and slimy motions with much pain, flatulence and thirst. *Merc. corr.* (3-a) gr. $^1/_8$ and *colocyn.* (1) gutt. $^1/_8$, every 3 hours in alternation.

28th. Better, but a good deal of tenesmus, and patient is weak. *Arsenic* (2) gr. $^1/_8$ every 3 hours.

Oct. 6th. Dysentery cured. There are some smarting, itching red pimples round anus. *Sulphur* (3) a pilule every night. To give up card.

Case III. *Infantile Dysentery.*—W. G., æt. 1¾. Brother of the last.

Oct. 6th. The child has had dysentery several days; there is much mucus and blood with the motions; he is very feverish and thirsty. *Mer. corr.* (3-a) gr. $^1/_6$ every 4 hours. The child was reported well at the next visit.

Case IV. *Infantile Dysentery.*—N. E., æt. 1¾.

Oct. 6th. This boy has no teeth. His bowels are

CASES TREATED AT THE CAMBRIDGESHIRE DISPENSARY.

relaxed every few minutes; there is a good deal of blood; he lays his head down; coughs and wheezes. *Merc. sol.* (3-A) gr. $^1/_4$ every four hours.

The mother came to say the child was cured.

CASE V. *Post Partum Anasarca.* R. J., married, æt. 24.

June 20th, 1863. Patient has been delivered of a still-born child. She says she did very well for three weeks; she then became anasarcous. All her limbs and the parietes of her body are swelled. On pressure, the resistance is intermediate between that of ordinary anasarca and that of infiltrated lymph. She suffers a little from nausea, but there is much less general disturbance than her appearance would seem to indicate. Urine clear and pale. *Canth.* (6) pil. ter die.

June 27th. She feels much better. The urine averages one quart daily. The surface is softer, especially on the thighs, where the lymph-like feeling was greatest. Continue.

July 4th. She still mends, but the nausea continues. *Canth.* (6) pilula nocte maneque sumend. *Pulsatilla* (3) pilula omni meridie.

18th. The anasarca has quite disappeared; a little nausea remains. Continue *pulsatilla* for a few days.

CASE VI. *Dropsy of the Knee.*—M. A. B., æt. 18, maid-servant.

July 27th, 1863. Patient had her LEFT knee-pan dislocated 11 years ago. There is much grating on lateral movement of the bone, with tenderness; the grating also occurs on ordinary flexion. The RIGHT knee-joint is full of fluid. All the sacs of the joint are bulged, and impulse is conveyed in all directions. There is pain under the quadriceps extensor on pressure anywhere over the joint. *Merc. solub.* (6) pilula nocte maneq. sumend.

August 3rd. Better in every way.

17th. Still better. *Merc. solubilis* (6) pilula omni nocte cap.

This patient had the dropsy entirely removed, and lost almost wholly the grating and tenderness of the left knee.

CASE VIII. *Paralysis of Deltoid.*—A. A., married, washerwoman, æt. 35.

Had an apoplectic attack in the autumn of 1862, for

CASES TREATED AT THE CAMBRIDGESHIRE DISPENSARY.

which she was treated with *bellad.* (1). She was quite unconscious when first seen, and was completely paralyzed. She recovered her powers steadily and with fair speed, till in about a fortnight she had the use of all her limbs, except that the right deltoid muscle remained powerless, and that she was very weak. The *belladonna* was varied from the 1st to the 200th dilution and back, till it ceased to produce any improvement of the deltoid, though she still gained general strength. *Woorari* (12) was then given, with good result as to the deltoid. As occasion indicated, it was varied from the 6th to the 30th dilution, and at length in its turn failed to improve the special muscle, though the general strength mended. Faradization was the next means used. The strength increased till the patient was able to walk two miles, and for some time the deltoid improved. On this improvement ceasing, *woorari* was again used, and effected a complete restoration of power to the deltoid; the woman returned to her washing-tub with full power in her arms, after nine months' treatment.—No notes were taken of this case.

CASE VIII. *Infiltration of Lymph, and Enlarged Glands in Right Axillary Space.*—S. A., unmarried, æt. 32.

April 10th, 1863. She has had enlarged axillary glands on right side for five years; they are as large as filberts. There is very little tenderness, but the whole surface of the axillary space is full of infiltration, and is quite brawny in places. She says this appeared after a period of hard work. She has a good deal of dyspepsia, feels sick and weak, and has some leucorrhœa. Patient is a fine, well-developed woman. *Arnicæ* ♀ gutt. x.; aquæ ℥ iij. ft. lotio. *Pulsatillæ* (3) pilula ter die sumenda.

May 4th. The glands and infiltration are both lessened, and the leucorrhœa gone; but patient has pain between the shoulders. Perstet in *arnic.* *Nux vom.* (3) pilula ter die cap.

June 8th. The infiltration almost gone, and the glands less. The patient now went to the sea-side with her mistress. She continued the *arnica*, and took some *pulsatilla* at times. On her return in August the glands were in a comfortable condition, and she was able to do her work.

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CASE IX. *Sequelæ of Ague.*—C. W., æt. 42, male. He has suffered from ague at various times.

Sept. 26th, 1863. Is very chilly, and has much sense of anxiety about the heart; breathing somewhat hurried. There is deficient respiratory murmur over the right lung; great splenic dulness; headache; pain in neck, back, left scapula, and thence through to site of heart's apex. *China* (1) gutt. $^1/_6$ ter die cap.

Oct. 3rd. Hardly any better. Repeat *china*. *Ranunculus bulbos* (3) pil. om. n.

10th. Shortness of breath gone; less anxiety; no chills; pain in head and back gone; there is still some sense of weight over chest. Continue medicines.

Nov. 7th. Has been fourteen days without medicine. He has scarcely any shortness of breath or pain in the side, and has not been so well for more than a twelvemonth.

NOTE.—Four cases of left hydrothorax were completely relieved of the pleural fluid in a few days by *ranunculus bulb* (6). In some cases of right hydrothorax it did not prove so successful.

THE BIRMINGHAM HOMŒOPATHIC HOSPITAL AND DISPENSARY.

Communication from DR. GIBBS BLAKE.

DEAR SIR,—A series of letters have appeared in the *Birmingham Daily Gazette* reviewing the medical charities of the town, and signed by an anonymous correspondent "Scrutator." These letters have been published separately as a pamphlet which was noticed in the *Medical Times and Gazette* of October 3rd.

As "Scrutator" did not include the Homœopathic Hospital and Dispensary in his review of the medical charities of the town, Mr. R. L. Chance, Jun., one of the committee of that institution, wrote to the *Gazette* to call attention to this omission.

I have forwarded a copy of the correspondence that this

letter called forth, for publication in the *Homœopathic Review*, if you think fit.

I remain, &c.,

J. GIBBS BLAKE.

Oct. 16, 1863.

"SCRUTATOR" AND THE MEDICAL CHARITIES OF BIRMINGHAM.

To the Editor of the *Daily Gazette*.

SIR,—In the preface to the reprint from the *Gazette* of "Scrutator's" able letters, he commences by stating that they were "suggested by a desire to make himself acquainted with the actual working of the medical charities of this town," and further on he says, "my task has been a serious one; I undertook it *without prepossessions*," etc. How, then, may I ask, has it happened that "Scrutator" has altogether ignored the existence of one of the medical charities of the town which is well known to many of your readers, and which I venture to say—having been connected with it from the beginning, and given away many hundreds of tickets—has done as much good in proportion to its resources as any institution in the town?

The charity to which I refer is the Homœopathic Hospital and Dispensary in the Old Square, which was founded in 1847, as a dispensary, by the late Dr. Fearon, in conjunction with others, and continued as such till 1859, when a hospital was added to it, in order to make available a conditional legacy of £500, bequeathed to it by E. J. Shirley, Esq., M.P., of Edtington Park, in this county.

This branch of the institution has, however, been carried on to a limited extent for want of funds, the committee having determined to *keep free from debt*, and having always done so. The *annual* number of patients attending the dispensary has, during the last nine years, averaged about 2,500; and the number of prescriptions dispensed *annually* has exceeded 13,500. The income of

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the charity for both branches is between £400 and £500, contributed partly by donors and subscribers, of whom there are about 160, and partly by *paying patients*, so that the institution is, to the extent of more than one-third of its income, self-supporting. Much more might be said in its favour, but I think that these few figures are sufficient to show that it is one of the recognised charities of the town.

"Scrutator" may perhaps have good reasons for having omitted to take any notice whatever of this institution, but I think I may fairly ask him to let the public know what they are. I have no desire, however—indeed I must decline to enter into any controversy with him in your pages. My time is already too fully occupied, and it is for this reason that I have so long delayed to write to you upon this subject.

I am, Sir, yours respectfully,
R. L. CHANCE, Jun.

Edgbaston, 24th Sept., 1863.

To the Editor of "Aris's Gazette."

Sir,—Mr. R. L. Chance, Jun., is correct in assuming that I had good reasons for not including the Homœopathic Hospital and Dispensary in my survey of the medical charities of this town. He states in his letter of yesterday that this institution is "to the extent of more than a third of its income self-supporting," and the committee in their report for the present year aver that the free system would not work well in such an institution, and that they retain the self-supporting element because the artisan is thus able "to purchase a ticket for himself for about the same sum as a note of recommendation costs his employer."

If Mr. Chance will turn to my letter on the tests of the value of a medical charity, he will see that I specially excluded from consideration institutions "for the most

part supported by the contributions of the recipients of their benefits, which, however deserving of public sympathy and support, are not charities in the proper sense of the term."

The institution Mr. Chance represents may be doing great good, and may deserve a fair share of public confidence, but the principles of its administration (not other causes which might generate controversy) took it outside the scope I proposed to myself in my recent letters.

I am, Sir, your obedient servant,

SCRUTATOR.

TO THE EDITOR OF THE "DAILY GAZETTE."

SIR,—I know that the engagements of Mr. R. L. Chance, Jun., are at this particular time of so pressing a nature that he is unable to reply to the letter of "Scrutator," which appeared in your columns on Saturday last. Nothing but a feeling of what is due to a valuable institution would overcome my repugnance to take a part in any correspondence of a controversial character.

"Scrutator" says that Mr. Chance is correct in supposing that he had good reasons for "not including the Homœopathic Hospital and Dispensary in my survey of the medical charities of this town;" and in support of this allegation he refers Mr. Chance to what he assumes to be the test of the value of a medical charity, viz., "for the most part supported by contributions of the recipients of their benefits." He further quotes Mr. Chance as stating that this institution "is to the extent of more than a third of its income self-supporting." By what process of arithmetic can "Scrutator" make out that one-third part constitutes the most part? But Mr. Chance has himself made a mistake in stating that more than one-third of the *income* is derived from paying patients, as the copy of the follow-

DISPENSARY REPORTS.

ing statement, extracted from the report for the year 1862 will show:

Dr.	£	s.	d.
1861, Dec. 31. To balance from last Account	37	16	2
1862, Dec. 31.—Donations and Subscriptions per Treasurer	239	10	0
Ditto, per Bank	1	0	0
	240	10	0
Less Collector's Commission	10	6	0
	230	4	0
Subscriptions from Paying Patients	129	5	6
	359	9	6
Interest on £1000 invested in the Professional and Commercial Building Society in names of Trustees	50	0	0
Interest on £200, portion of Local Charities' Fund temporarily invested in the above Society, in the name of the Treasurer	8	15	2
	58	15	2
One-half of the above £200 drawn out this year to meet the expenditure, viz., on July 12th, £50, and on Nov. 1st, £50, leaving £100 still invested	100	0	0
	576	0	10
Balance due to the Treasurer	21	11	7
Less Cr. Balance at the Bank	0	2	2
	21	9	5
Balance carried forward	21	9	5
	£597	10	3

Cr.	£	s.	d.
1862, Dec. 31.—By Expenditure during the year 1862, viz.—			
Rent and Taxes to Christmas	188	13	9
Less Rent of Offices	40	0	0
	148	13	9
Repairs, Alterations, Furniture, and Sundries	44	16	10
	193	10	7
Salaries and Wages of House Surgeon, Matron, Dispenser, Nurses and Servants	188	3	6
Medicines	35	0	0
Coal, Gas and Water	25	16	3
Housekeeping Expenses	134	15	3
Printing, Advertising, Stationery, and Postages	20	4	8
	£597	10	3

1862, Dec. 31.—By Balance brought down £21 9 5

From this it appears that the total expenditure for the year 1862 was £597 10s. 3d., towards which paying patients contributed £129 5s. 6d., or less than one-fourth.

I think I have shown that, judged by "Scrutator's" own test, to which however I demur, he has proved himself inconsistent in ignoring the Homœopathic Hospital and Dispensary in his review of the medical charities of the town.

I am, Sir, yours faithfully,
ROBERT MARTINEAU.

Highfield Road,
Edgbaston, Sept. 29th, 1863.

DISPENSARY REPORTS.

MANCHESTER AND SALFORD HOMŒOPATHIC DISPENSARY.

Medical Officers—Dr. Walker, Dr. Harrison, Dr. Rayner, Dr. Drummond, Mr. Blackley, and Mr. Howden.—Mr. E. Calvert, House Surgeon.

President—Joseph Heron, Esq.
Treasurer—P. F. Willert, Esq.
Secretary—Arthur Neild, Esq.
Chemists—Messrs. H. Turner & Co.

Number of patients attending during the month of October	1528
Paying 1s. and 1s. 6d. per month	308
Admitted on Subscriber's recommendation	40
New cases	183
Visited during the month at their own homes	334

This Dispensary is open daily (Sundays excepted) from 9 to 11 A.M., and from 7 to 8 on Monday, Wednesday and Saturday evenings.

DISPENSARY REPORTS.

THE POTTERIES' HOMŒOPATHIC DISPENSARY,

AND EYE AND EAR INSTITUTION,

Bagnall Street, Hanley.

Physician—George Moore, M.D.

Chemists—J. B. Rowley & Co. *Hon. Sec.*—E. Pamphilon, Esq.

Report for Month ending October 30th.

Old patients attending	775
New ditto admitted	107
	882

CAMBRIDGESHIRE HOMŒOPATHIC DISPENSARY.

Physician—Dr. Bayes. *Surgeon*—Mr. Freeman.

Treasurer—Isaac Johnson, Esq.

Extract from the Report to the Committee for the Quarter ending October 31st, 1863.

Number of patients under treatment during the Quarter ending October 31st, 1863	352
Admitted during the Quarter	181
Cured	154
Relieved	57
Result not known	16
Died	2
Remaining under treatment on October 31st, 1863	123

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c.

Evan Fraser, Esq., L.R.C.S. Edin.

Treasurer—John Skilbeck, Esq.

Honorary Secretary—John L. Seaton, Esq.

Chemist—Mr. Joseph Dixon.

Number of patients attending during October	513
Paying 1s. 6d. per month	409
Admitted on Subscriber's recommendation	174
Discharged cured	43
Relieved	9
Ceased attending; result unknown	32
Still under treatment	255

BRITISH HOMŒOPATHIC SOCIETY.

Proposed Arrangements for the Session 1863–64.

Thursday, October 8th.

A Case of Hæmaturia and Albuminuria and a Case of Paratyphlitis. By Dr. Trinks, oommunicated by Dr. Russell.

Thursday, November 5th.

On Diseases of the various Structures connected with the Organ of Hearing; their Pathology, Diagnosis and Treatment. By Mr. Cutmore.

Thursday, December 3rd.

A Case of Extra-uterine Fœtation. By Mr. Leadam.

Thursday, January 7th.

On Diabetes. By Dr. Neatby.

Thursday, February 4th.

A Communication. By Dr. Scrivin.

Thursday, March 3rd.

Observations on the Physiological and Therapeutical Effects of Alcohol. By Mr. Pope.

Thursday, April 7th.

An attempt to Reconcile the various Modes of Cure. By Dr. Drury.

Thursday, May 5th.

On Urinary Affections. By Dr. Gibbs Blake.

Thursday, June 2nd.

On the true Use of Symptomatology. By Dr. Black.

Thursday, July 7th.

On the Alternation of Medicines. By Dr. Drysdale.

N.B.—Due notice of the Annual Assembly will be given.

*** Subscriptions are payable to the Honorary Secretary. If by P. O. Order, they should be drawn upon the Post Office, Vere-street, Oxford-street.

J. Rutherfurd Russell, *Hon. Sec.*

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

We have been promised an abstract of Dr. Drysdale's paper on "The Alternation of Medicines," read on the 4th Nov. last.

At the next meeting, Dec. 2nd, the subject for consideration will be Dr. Newman's recent circular.

The meetings are held in the Dispensary on the first Wednesday of the month, at 7·30 p.m.; and homœopathic practitioners generally are invited to attend.

W. Davy & Son, Printers, Gilbert-street, W.